

Bellaire Band Student Contact/Health Information 2010-2011

Student Last Name	Student First Name (& Nickname)	Student email address	Instrument	2010-2011 Grade

Contact Information

	Name	Home	Work	Cell
Mother				
Father				
Guardian				
Emergency (if different from parent or guardian)				
parent email address(es)				

Health Information

Doctor Name		Doctor Phone number		
OTC Medications	Hand Held Inhaler? (Yes/No)	Epi-Pen? (Yes/No)	Insulin? (Yes/No)	Tylenol/Ibuprofen OK? (Yes/No)
Student Medications				
Student Allergies				
Other Health Info				

This is to certify that we the Parents/Guardians of _____
(print name of student)

give our permission for our son/daughter to participate in Bellaire Band activities. I hereby release the Houston Independent School District, Bellaire High School, The Mighty Cardinal Band, Band Director(s), and Chaperone(s) from any and all liability, and from any and all claims against school authorities, individually and/or collectively, for any illness and/or injuries to my child which may occur during a Bellaire Band event, either at the point of origin, at the destination, while moving to and/or from the destination, or while being transported to and/or from the point of origin. I understand that the information regarding Bellaire Band events will be provided to me through my child and/or written notice.

Print Name of Parent/Guardian

Parent/Guardian Signature

Date