

**WEST CARTERET HIGH SCHOOL BAND  
HEALTH/ MEDICAL RELEASE FORM**

STUDENT NAME \_\_\_\_\_

STUDENT ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ WORK TELEPHONE \_\_\_\_\_

PARENT CELL # \_\_\_\_\_ SECONDARY CELL # \_\_\_\_\_

INSURANCE CO. \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

MEDICAIDE # \_\_\_\_\_

ALLERGIES FOOD \_\_\_\_\_

DRUG \_\_\_\_\_

DRUGS CURRENTLY TAKING \_\_\_\_\_

DOSAGES \_\_\_\_\_

HEALTH LIMITATIONS \_\_\_\_\_

HEALTH LIMITATIONS \_\_\_\_\_

STUDENT'S PHYSICIAN \_\_\_\_\_

PHYSICIAN'S WORK TEL. \_\_\_\_\_

**PERMISSION FOR TREATMENT**

\_\_\_\_\_ being legal guardian or parent of \_\_\_\_\_  
do hereby give my permission for emergency treatment of my child in the event of accident, injury,  
or illness in the event that I cannot be reached by telephone. **This permission is given for any  
trip or function with the West Carteret High School Band from June 2019 - June 2020 when  
the parent cannot be reached.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**This form must be returned by May 21.**

**STUDENT/PARENT CONTRACT**

The student and parent/guardian are required to sign a copy of this document stating that you understand what is required of you as a West Carteret Band Member.

**WEST CARTERET HIGH SCHOOL  
BAND CONSENT FORM**

NAME: \_\_\_\_\_

SECTION: \_\_\_\_\_

**STUDENT AGREEMENT:**

I have read and discussed the requirements and regulations of the WCHS Band. As a member of this organization, I agree to abide by the requirements and regulations of the group as well as the school rules as stated in the West Carteret Handbook. I understand the policies governing grading, attendance, tardiness, attitude, and discipline.

SIGNED: \_\_\_\_\_

DATED: \_\_\_\_\_

**PARENT AGREEMENT:**

I have read and discussed with my child the rules and regulations of the WCHS Band as outlined in the Band Manual and the West Carteret Handbook. I give my child permission to participate and will help enforce all requirements and regulations of the group. I do understand the grading, attendance, tardy, and discipline policies of this band program and will encourage my child to honor this commitment in band. I also understand this commitment is a yearlong class and I support the commitment that is involved.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

**This form must be returned by May 21.**