

Student Health Form

The Central District Middle School Band Clinic 2020

Students: Fill this form out, and give to your band director.

Directors: Bring this form to the clinic and turn in at Registration.

Student's Last Name	Student's First Name	Circle one
		Symphonic
Date of Birth __/__/__	Age _____ Grade _____	Instrument _____

School Name	Director Name	

Parent's Last Name	Cell phone	Work phone

Emergency contact name	Cell phone	Work phone

Policy Name	Policy number
Medical issues:	Allergies:

*All students who are selected for membership in the All-District Band Clinic must participate in all planned events during the clinic. Students will be sent home if they violate the code of good behavior during the clinic. Students must be on time for all rehearsals. Additionally, if an emergency makes it necessary for a student to withdraw from the clinic, the student's band director should notify the clinic chairperson immediately. Students should bring dress clothes for the concert. No band uniforms should be worn. Regular school clothing will be appropriate for rehearsals.

Authorization for Treatment:

I, _____ (parent/guardian) of _____ (student) hereby authorize any necessary medical treatment needed in my absence. The undersigned will be responsible for any charges incurred for medical treatment under this authorization.

(parent signature)

Date