

SCHOOL NAME _____
Central District Bandmasters Association - North Carolina
Middle School All-District Honor Band - 2025

HEALTH INFORMATION FORM

The Central District Band Clinic will take place on Friday, January 24 through Saturday, January 25, 2024. The CDBA All-District Honors Band - Middle School Clinic will be held at Durham School of the Arts, 400 N Duke Street, Durham, NC 27701.

Please fill out this form with the pertinent information regarding the medical status of your child.

Student Name _____

Parent/Guardian Name _____

Home Phone Number (if one available) _____

Mobile Number _____

Emergency Contact Person _____

Relationship to Student _____

Medications the student takes at this time _____

Allergies _____

Specific Health Concerns and Considerations _____

Insurance Company _____

Policy Number _____

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.

Signature of Parent - _____ Date - _____