SCHOOL NAME _____

Central District Bandmasters Association - North Carolina

Middle School All-District Honor Band - 2026

HEALTH INFORMATION FORM

The Central District Band Clinic will take place on Friday, January 23 and Saturday, January 24 2026. The 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 student. This form is required for student participation in the clinic.

Student Name _____
Parent/Guardian Name _____
Home Phone Number (if available)_____
Mobile Number _____
Emergency Contact _____
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.

Parent/Guardian Signature- _____
Date - _____