MEMBERSHIP TRACKER

This page must be filled out, signed by parents and students, and returned to your section leader before band camp begins.

The material below will serve as information needed in case of an emergency. This information letter will also serve as a permission form for your son/daughter to participate in band trips or functions with the Baker High School Band during the 2016-2017 school year.

I have read and understand all the rules and policies of the Baker High School Band Program. I agree to abide by all policies set forth by the band and the school. I understand that breaking any of these rules could result in my dismissal from the Baker High School Band Program.

Student Name
(print)___________________________(sign)___________________________

Parent/Guardian____(PRINT)
PARENT/GUARDIAN_______________________________________(SIGN)

DATE: _________________________

Front and Back

Instrument: _________________ ALLERGIES:____________________

BAKER HIGH SCHOOL BAND

STUDENT MEDICAL INFORMATION

Student's Legal Name: ________________________ Preferred Name:___________________________
Student's Social Security Number: _________________________ Birthday: ______________________

Parent/Guardian Name: ____
Address: ____
City: ___________________________________ State: ________________ Zip: ________________

Phone: Home ______________________ Work: mom ______________ Cell mom ______________
dad ______________ dad ______________
student ______________
parent email_______________________________ student email ________________________________

Emergency contact (other than parents)
Contact 1 Name: ___________________________________ Phone: ___________________________
Contact 2 Name: ___________________________________ Phone: ___________________________

Serious Illnesses or Operations: ____

Unusual Health Conditions: Yes _____ No _____ If yes, explain ________________________________
____

Regular Medications Taken: ____

Doctor: ____ Phone: __________________________

PERMISSION FOR MEDICAL TREATMENT

If emergency treatment is required and parents cannot be reached, what does the parent want the school to do?
1. **Contact closest medical facility? Yes ____ No ____**
2. **Contact a physician from local referral agency? Yes ____ No _____**
3. **Take child to nearest hospital ? Yes ___ No _____**
4. **Other suggestions ____**

I give my child permission to receive: ____ **Tylenol OR** _____ **Ibuprofen** for pain
____ **Dramamine** for nausea
____ **Hydrocortisone cream** for itching
____ **Benadryl** for allergic reactions
____ **Imodium** for diarrhea

INSURANCE INFORMATION

Policy Holder: _________________________________ Ins. Company Name________________________
Policy Holder's Birthday ________________________SS# ____________________________________
Member Number ______________________________ Policy Number: __________________________
Insurance Customer Service Number: ____

Parent/Guardian Signature: ____

Witnesses Signature: 1.) ________________________ 2.) _________________________