

HEALTH RECORD

Student's Name: _____ **Birthdate** _____

Address: _____ **City:** _____ **Zip:** _____

Parent/Guardian Name: _____ **Home Phone:** _____

Student Cell: _____ **Father Cell:** _____ **Mother Cell:** _____

Father Day: _____ **Mother Day:** _____

In Case of Emergency, if parent/guardian cannot be reached, notify:

_____ at (Phone #): _____
(Name)

Family Doctor: _____ **Dr.'s Phone #:** _____

Preferred Local Hospital: _____

Known Allergies/Health Issues: _____

EMERGENCY MEDICAL CARE RELEASE

BE IT KNOWN that I, the undersigned parent/guardian of _____ do hereby give and grant unto any medical doctor or hospital, my consent and authorization to render such aid, treatment, or care to said student as, in the judgment of said doctor of hospital, may be required, on an emergency basis, in the event said student should be injured or stricken ill while participating in or on any Band event or excursion activity during the above mentioned school year. It is further understood that an attempt shall be made to contact me prior to said treatment.

X _____
(Parent/Guardian Signature)

NOTARIZATION

Subscribed and sworn before me this _____ day of _____, 20 _____

My commission expires _____

SEAL

(Notary Public)

BAND DEPARTMENT
EDMOND MEMORIAL HIGH SCHOOL
EDMOND PUBLIC SCHOOLS
EDMOND, OKLAHOMA
BOARD OF EDUCATION
DISTRICT 1-12

**Re: Parent's Permission for Excursion
Student Directory
Health Record
Emergency Medical Care Release
Handbook Agreement**

School Year: 2010-11

To: Lynn Ann Feroli–Andrew Brooks–John Smith–Adam Basset–Kevin McDonald
(High School Band Directors)

PARENT'S PERMISSION FOR EXCURSION

The undersigned, a parent or the parents of _____
request that the said student be permitted to engage in **ALL SCHOOL ACTIVITY
EXCURSIONS** approved by the **BAND DEPARTMENT** during the current school year; and as
a prerequisite consideration, agree:

*That only general supervision of the pupil in the activities can be given: that neither the
school district nor any of its employees are liable for any injury of the pupil from such activity,
including use of school or chartered buses, or private conveyance, and to hold the school district
and all of its employees harmless on any claim for damages made by or for growing out of those
approved activities, including all expenses of defending same.*

X _____
(Parent/Guardian Signature)

HANDBOOK AGREEMENT

_____ Yes.....I have read and understand the 2010-2011 Band Handbook

_____ Personal Student Instrument make/model

_____ Personal Student Instrument Serial Number

X _____
(Parent/Guardian Signature)