

TEAGUE HIGH SCHOOL BAND
MEDICAL INFORMATION / PARENT CONSENT
Please complete this entire form – do not leave any blank spaces

Student's Last Name: _____ First: _____ Grade (20-21): _____
Address: _____ City: _____ Zip Code: _____
Home Phone #: _____ Student Cell #: _____ Date of Birth: _____

Parent/Guardian Information:

Father's Name: _____ Mother's Name: _____
Father's Work/Cell #: _____ Mother's Work/Cell #: _____

Emergency Contact Name (required): _____

Phone: _____


List any known health problems and/or physical restrictions (If none, please write "None"): _____

List any known allergies or current medications (If none, please write "None"): _____

**Students taking medications on a regular basis are required by SCPS regulations to turn in these medications to be held by staff on any extended trip. A complete list of the student's medications and when they are to be taken *must* be included. Medications must be in the original prescription container. Students will be able to take their medications as needed. Students must also have medications listed on file with the school nurse's office.


Parental Consent:

I am familiar with my child's wishes to participate in the marching band at Teague High School. I am aware that taking part in this activity carries the risk of injury to my child, particularly due to travel and the physical aspects of rehearsal and performance. The Director of Bands, professional band staff and/or other TISD staff have my permission, in an emergency situation when I (or my physician) cannot be contacted, to seek medical assistance at a medical clinic or hospital emergency room at my expense. Further, the medical clinic or hospital personnel have my permission to provide emergency treatment deemed necessary by a physician for the well-being of my child. I certify that I accept full responsibility for medical expenses arising due to the injury or illness of my child while participating as a member of the band.

 Signature of Parent/Guardian: _____ Date: _____
Printed Name of Policy Holder: _____
Insurance Company: _____ Policy Number: _____ Group Number: _____

Band Handbook Acknowledgement

I hereby acknowledge that we have read the Band Handbook and agree to adhere to the expectation, rules, and procedures of the THS band program. We understand the time commitment, have reviewed the band calendar, and acknowledge that this student is responsible for attending all performances and rehearsals of the THS Marching Band.

 Parent's Signature: _____ Signature of Student: _____

Field Trip Consent

I have received and reviewed the Teague Lion Marching Band Field Trip schedule. I understand the conditions of the field trips in H.S. Band and hereby give my consent for my child to participate in all activities. If he or she does not adhere to established standards of conduct, I understand my child will have consequences and may be required to pick up my child immediately.

 Parent's Signature: _____ Date: _____

This form will stay on file in the Band Hall. It is good for the duration of your child's enrollment in the THS Band program. If any of the above information changes, it is your responsibility you inform us. Your student can ask for another form to be filled out and turned back in to the Band Hall office.