

INFORMATION SHEET-SOUTH LYON EAST HIGH SCHOOL BANDS

This form is to be used for all band activities beginning August 1 2017-July 31 2018. Please keep us updated of any changes.

PLEASE PRINT

STUDENT: FIRST NAME	M.I.	LAST NAME	T-SHIRT SIZE
Home Street Address		Age	Birthdate
City, State, Zip		Home Phone	
Student Email		Student Cell Phone (opt)	
Father's Name		Mother's Name	
Father's Home Phone		Mother's Home Phone	
Father's Cell Phone		Mother's Cell Phone	
Father's Work Phone		Mother's Work Phone	
Father's Email		Mother's Email	
Address (If different from Student)		Address (If different from Student)	

IN CASE OF EMERGENCY CONTACT: (Other than parents)

LAST NAME, FIRST	RELATIONSHIP	PHONE NUMBER
1.		
2.		
3.		

PHYSICIAN INFO

PHYSICIAN NAME	ADDRESS	PHONE NUMBER

ARE THERE ANY SPECIAL HEALTH CONCERNS? Please list:

Allergies/Food Allergies:
Special Health or Dietary Concern/Specifications:
Are you a vegetarian? _____ Yes _____ No

My child has permission to take the following over-the-counter (OTC) Medications. Circle all that apply.

Tylenol (Acetaminophen)	Antihistamine	Tums
Antibiotic ointment	Benadryl (Pills or Cream)	Calamine Lotion
Cough Suppressant	Decongestant	Motrin/Advil (Ibuprofen)
Imodium	Pepto Bismol	Topical Analgesic
Aloe Vera Gel	Hydrocortisone Cream	Any other OTC medications

My child may not take any OTC medications



P lease list any prescription and non-prescription medications student takes:
<input type="checkbox"/> This person takes no Prescription medications on a routine basis

Health Insurance Information

Name of Insurance Company:
Subscriber's Name:
Relationship to Student:
Policy/Contract Numbers:
Plan Phone Number:

The participant and the participant's parent/guardian assume full responsibility for any injuries or damage that may occur. The participant and the participant's parent or guardian hereby release and agree to hold harmless, South Lyon East High School Staff and Parent Volunteers from all claims, actions, damages, and liabilities for personal injury.

I acknowledge that _____ is a member of the South Lyon East High School Band Program and engages in rehearsals, travel and performances. I, the undersigned parent or guardian, desires that the member receives the proper medical treatment in the event of illness or accident. If, between this date and the beginning of the season, any illness or injury should occur that may limit this student's participation, I agree to notify the band staff of such illness or injury.

We agree that in the event of an emergency the staff may authorize emergency medical treatment for the participant if a parent or guardian cannot be reached.

We agree to fully assume financial responsibility for such care.

Student Name: _____

Student Signature: _____

Parent/Guardian Name _____ Date: _____

Parent/Guardian Signature _____

BAND BOOSTER DIRECTORY

<p>The SLEHS Band Boosters will be creating a directory consisting of student name, parent/guardian names, phone numbers and emails. This is to help parents arrange car pooling for rehearsals/events, and help the boosters reach parents when special volunteer needs arise. Your contact information will not be shared outside of the band families.</p> <p><input type="checkbox"/> Please include my phone number and email address in the Band Booster Directory</p> <p><input type="checkbox"/> Please DO NOT include my phone number and email address in the Band Booster Directory</p>
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