

Stafford County Public Schools

Marching Band

Medical and Emergency Contact Information Form

Please complete this entire form – do not leave any blank spaces

Student's Last Name: _____ First: _____ Middle: _____

Address: _____ City: _____ Zip Code: _____

Home Phone # _____ Student # _____ Date of Birth: _____

Student Email: _____ Grade: _____

Parent/Guardian Information:

Father's Name: _____ Mother's Name: _____

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

Father's Email: _____ Mother's Email: _____

Emergency Contact Name (required): _____ Phone: _____

Family Doctor Name: _____ Phone: _____

Dentist/Orthodontist Name: _____ Phone: _____

List any known health problems and/or physical restrictions (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 in a security box 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 Stafford County Public Schools. 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 Band Director, professional band staff and/or band parents/chaperones have my permission, in an emergency 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. In the event of an accident or injury to my child, I will not hold the school, administration, director(s), staff, or parent chaperones responsible in any way.

Signature of Parent/Guardian: _____ Date: _____

Printed Name of Policy Holder: _____

Insurance Company: _____ Policy #: _____ Group #: _____

****We must have a copy of your insurance card to keep on file with this form****
Please sign and return with other required documents