BAND PARENT ASSOCIATION

65 Glen Road, PMB 225 Garner, NC 27529

West Johnston High School Band
Medical Treatment Permission Form: 2022-2023

Student's Name:	Date of Birth:
Mailing Address:	City/State/Zip:
Student's Home Phone #:	Student's Cell Phone #:
Mother's Name:	Mom's Work Phone #: Mom's Cell Phone #:
Father's Name:	Dad's Work Phone #: Dad's Cell Phone #:
Instrument: Marching: Concert:	or Guard: 2022/23 Grade:

I the undersigned, being the parent, legal guardian, or legal next-of-kin of the above named student hereby authorize any necessary treatment for this person while participating in the West Johnston High School Band, Guard, and Ensembles. I also guarantee payment of all charges incurred during the treatment (ambulance, physician, hospital, x-ray, laboratory, medications, etc.). In regard to such person, I submit the following pertinent information:

Student's Name:	
Allergies (medication and/or food):	
Special Medical Needs:	
Current Medications (including Vitamins):	
Date of last Tetanus Shot:	
Physician Name and Phone #:	
Medical Insurance Coverage:	
Subscriber's name and Policy #:	

The parent or guardian will **always** be the first person attempted to contact. If unavailable, please provide two emergency contacts (not parents) that we will be able to contact for your child(ren).

Emergency Contact (primary) Name:		Relationship:
Phone Numbers: Home	Work	Cell
Emergency Contact (secondary) Name:		Relationship:
Phone Numbers: Home	Work	Cell

SIGNATURE OF PARENT OR LEGAL GUARDIAN (REQUIRED)

_____	_____	_____
Signature	*Relationship*	*Date*

5/12/2022