

TERRA NOVA HIGH SCHOOL BAND PROGRAM 2018-2019

Students of the Terra Nova Band participate in many extensive after-school band events with other schools in this area. Each band student is required to:

1. Submit parental consent for participation.
2. Have medical and hospital insurance coverage of at least \$1500.
3. Be declared physically fit by a licensed physician to engage in physical activity during the calendar year preceding the first day of required practice.

DIRECTORS MUST PHOTOCOPY EMERGENCY INFORMATION CARD ... RETURN THIS ORIGINAL TO DEPT. HEAD

**TERRA NOVA HIGH SCHOOL MUSIC DEPARTMENT
EMERGENCY INFORMATION CARD**

(to accompany each band event)

STUDENT NAME _____ GRADE _____ BIRTHDATE _____

ADDRESS _____ HOME PHONE _____

FATHER'S/GUARDIAN'S CELL or WORK PHONE _____

MOTHER'S/GUARDIAN'S CELL or WORK PHONE _____

OTHER EMERGENCY PHONE NUMBERS _____

PHYSICIAN'S NAME _____ PHONE _____

DENTIST'S NAME _____ PHONE _____

In case of emergency and parent or above named medical doctor/dentist cannot be reached, permission is given to school authorities to seek emergency medical treatment at a hospital or other medical facility, for the student named above.

X Signature of Parent or Guardian _____ Date _____

PARENTAL CONSENT & PHYSICAL STATEMENT

Parent/Guardian Name _____

I, the Parent or Guardian of _____ hereby give my consent for the student named

Student's Name

to compete in the after-school band events and to go with the representative of the school on any trips. In

any trips. In addition, I certify that my daughter/son was examined by _____

Physician's Name

on _____ and was found physically fit to engage in marching band for this school year. If possible

Date

in the event of any injury, treatment should be rendered by:

Doctor _____ Address _____ Phone _____

Hospital _____ Address _____ Phone _____

X Signature of Parent or Guardian _____ Date _____

Each band student must be declared physically fit annually (*within the calendar year preceding the first day of required practice*) by a licensed physician in order to participate in the band program.

**PLEASE LIST ANY KNOWN ALLERGIES OR
MEDICAL CONDITIONS ON THE BACK**

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