

**GAINESVILLE HIGH SCHOOL BANDS**  
**STUDENT HEALTH INFORMATION SHEET**

**Student Name:** \_\_\_\_\_ **Date of birth** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Student Home #:** \_\_\_\_\_ **Student Cell #:** \_\_\_\_\_

**Father/Male Guardian:** \_\_\_\_\_ **Father's Work #:** \_\_\_\_\_

**Father's Home #:** \_\_\_\_\_ **Father's Cell #:** \_\_\_\_\_

**Mother/Female Guardian:** \_\_\_\_\_ **Mother's Work #:** \_\_\_\_\_

**Mother's Home #:** \_\_\_\_\_ **Mother's Cell #:** \_\_\_\_\_

**Special Custody Concerns:** \_\_\_\_\_ (Make sure office has court papers)

In the event the parent/guardian cannot be reached, please list at least two other emergency contact people who will be available to pick up your child from school.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

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**MEDICAL DATA**

**Primary Care Provider:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Medical Insurance:** (Company Name) \_\_\_\_\_

**OR** \_\_\_\_\_ (Check one)     Peach Care     Medicaid     None

List **ALL** medications taken at home and school: \_\_\_\_\_

\_\_\_\_\_

List **ALL** special medical concerns including specific allergies: \_\_\_\_\_

\_\_\_\_\_

List any other medical information that may be necessary in the case of an emergency: \_\_\_\_\_

\_\_\_\_\_

**Parental Consent:**

I/We, the undersigned, parent(s) of (student name) \_\_\_\_\_, a minor, do hereby consent to said minor participating in 2015 Gainesville High School Marching Band.

**Authorization of Consent to Treatment of Minor:**

I/We, the undersigned, parent(s) of (student name) \_\_\_\_\_, a minor, do hereby authorize Mr. Miller or any of the Gainesville High School Band Directors, hereinafter "Agent", for and on behalf of the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital, during all times that the Minor is in the presence of said Agent. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable and release Agent from all damages of same. This authorization shall remain effective through the 31<sup>st</sup> day of December, 2015, unless sooner terminated in writing.

Print Parent Name \_\_\_\_\_

Sign Parent Name \_\_\_\_\_ Date: \_\_\_\_\_

**GAINESVILLE HIGH SCHOOL BANDS  
MARCHING BAND PARTICIPATION AGREEMENT**

Effective Dates: **From July 31, 2015 to December 31, 2015**

Student Name \_\_\_\_\_ hereby agrees to the following and any and all responsibility for their actions during the course of the 2015 marching band season.

As a member of the GHS Bands, I will abide by the following:

- 1) I will abide by all of the rules and regulations set forth in the 2015 GHS Student Handbook
- 2) I will abide by all of the rules and regulations set forth in the 2015 GHS Band Handbook
- 3) I will attend all scheduled rehearsals in a timely manner with all necessary equipment
- 4) I will attend all performance events in a timely manner with all necessary equipment
- 5) I will listen to and follow all directions given to me by the Directors, the Staff, the Chaperones, and all other Adult Supervisors
- 6) I will carry myself with a sense of pride and respect for both myself and others at all times

Failure to abide by this contract will be grounds for immediate disciplinary action as outlined in the respective handbooks, and possibly including dismissal from the ensemble with a grade of withdraw failing.

Please sign here stating that you have read and understand the above expectations:

Student/Participant \_\_\_\_\_

Parent/Guardian \_\_\_\_\_