

LNHS BAND STUDENT CONTACT INFORMATION
(Required Form)

2017-2018 School Year

STUDENT INFORMATION:

Name: (Last) _____ (First) _____ Grad Year (Class of): _____

Home Phone: (Area) _____/_____

Cell Phone: (Area) _____/_____

Student Email Address: _____

Street Address: _____

City: _____ Zip: _____

Concert Instrument: _____

Marching/Pep Inst.: _____

ALL band account statements will be sent via EMAIL.
At Least ONE email address is necessary for student account billing.

PARENT 1 INFORMATION:

Name: (First) _____ (Last) _____

Work Phone: (Area) _____/_____

Cell Phone: (Area) _____/_____

Email Address: _____

Please send my statements to this email address.

PARENT 2 INFORMATION

Name: (First) _____ (Last) _____

Work Phone: (Area) _____/_____

Cell Phone: (Area) _____/_____

Email Address: _____

Please send my statements to this email address.

OVER – Both Sides Must Be Completed

LNHS BAND STUDENT MEDICAL INFORMATION (Required Form)

2017-2018 School Year

STUDENT: Name: (Last) _____ (First) _____ Grad Year: _____

Birth Date: _____

PARENT(S) NAME: Parent 1: _____ Parent 2: _____

Primary Phone #: _____/_____ Secondary Phone#: _____/_____

EMERGENCY CONTACT: (other than parents) _____ Phone: _____/_____

DOCTOR'S NAME: _____ Phone: _____/_____

Hospital Preference: _____ Date of Last Tetanus Shot: _____

DENTIST'S NAME: _____ Phone: _____/_____

Does the student have any of the following health conditions?:

___ **Allergies:** (Food/Drug/Bees/Other) _____ What happens: _____

Is emergency medication used? **Yes / No** Medication: _____

___ **Asthma:** Is an inhaler used? **Yes / No** Medication: _____

Triggered by: _____

___ **Diabetes:** Takes Insulin? **Yes / No** Blood sugar checked at school? **Yes / No**

___ **Bone/Joint problems:** Describe: _____ Any physical restrictions? _____

___ **Seizures:** Describe: _____

Date of last seizure: _____ Medication: _____

___ **Heart Condition:** Describe: _____

Any physical restrictions?: _____ Medication: _____

___ **Other:** Describe: _____

Any physical restrictions?: _____ Medication: _____

AUTHORIZATION FOR PARTICIPATORY CONSENT & MEDICAL RELEASE

I have received the LNHS band handbook and understand all information associated with being a member of the LNHS Band program. Furthermore, I have read and understood the LNHS Band Code of Conduct and will adhere to the rules of Lawrence North High School at all times both on and off campus when participating in a band related activity.

We (I) hereby authorize any school staff member or adult chaperone traveling with the Lawrence North High School Band, Indianapolis, Indiana to obtain emergency medical treatment/hospitalization for our/my son/daughter while he/she is practicing or traveling with the Lawrence North High School Band. I/We also give permission for any school staff member or adult chaperone to give my son/daughter non-prescription drugs such as antacids, cough drops, ibuprofen, acetaminophen, etc. upon reasonable request by student.

Student Signature: _____

Date: _____

Parent/Legal Guardian Signature: _____

Date: _____