



# Centennial

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## Band

### Medical/Transportation Form

**\*\* This document must be completed before students are allowed to participate in ANY off-campus BAND-RELATED activities.\*\***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Reach Number(s) \_\_\_\_\_

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Last Tetanus/Diphtheria Booster: \_\_\_\_\_ (Should be within last 5 years)

List ALL KNOWN ALLERGIES \_\_\_\_\_

List any/all medication(s) the student is currently taking and its purpose:

List any special medical problems: \_\_\_\_\_

Current Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

(I/We) the undersigned parent(s) or legal guardian gives permission for \_\_\_\_\_ to participate in the Centennial High School Band activities both during and outside of school hours and to ride on buses provided for transportation. (I/We) release the director and chaperones from liability in case of any accident and do hereby give the director and/or chaperones permission to seek medical treatment for my child in the event that the parent cannot be reached. I also grant permission to administer over-the-counter medication as needed.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(I/We) certify that my child is covered by (please check one):  Personal Insurance  School Insurance  
Policy Number: \_\_\_\_\_ Carrier: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ ID # of Insured \_\_\_\_\_

If there is no medical coverage: For and in consideration of Emergency services and good rendered through the attending physician(s), the undersigned hereby guarantees payment in full immediately upon receipt of final billing.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_