

# ESM Parent Permission & Emergency Contact Form (Please Print)

Student's Name

Date of Birth

I, the undersigned, give my consent for, \_\_\_\_\_ to participate in Marching Band, Winter Guard and/or Winter Percussion Ensemble during the 2017-18 school year. I realize a member of the Marching Band, Winter Guard and/or Winter Percussion Ensemble assumes the risk of injury which could result from participation in marching activities. My child/ward is in good health and can safely participate.

Signature of Parent or Guardian:

Date Signed

Student's Name

Student's Address

Student's Phone Number

Parent's Emergency Contact Phone Number

Emergency Contact Name if Parent Can't Be Reached

Emergency Contact Phone Number

Local Physician's Name & Phone Number

Special Conditions

Our Insurance Company is

Insurance Policy #

Insurance Phone #

*In case of a serious accident or illness, every attempt will be made to contact the parent / guardian or physician immediately. If necessary, emergency services will be contacted first and the parent or guardian will be notified quickly there after.*

## Medications

The following medications may be dispensed by first aid personnel to my child/ward.

**\*\*\* PLEASE INITIAL \*\*\***

\_\_\_\_\_ Ibuprofen

\_\_\_\_\_ Antihistamine

\_\_\_\_\_ Antacid

\_\_\_\_\_ Anit-diarrheal

\_\_\_\_\_ Prescription Medications (list below)

\_\_\_\_\_ Acetaminophen

\_\_\_\_\_ Cough Medicine

\_\_\_\_\_ Motion Sickness Medicine

\_\_\_\_\_ Decongestant

*Please forward a doctor's note for all prescription medications and use directions.*

Special Allergies or Conditions: \_\_\_\_\_

**THE INFORMATION PLACED ON THIS FORM WILL BE HELD IN STRICT CONFIDENTIALITY AND SHARED WITH ONLY THOSE WHO NEED IT. DEPENDING ON THE NATURE OF THE SITUATION, THIS INFO COULD BE SHARED WITH CHAPERONES & STAFF.**