

# SCHS BAND MEDICAL FORM

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## EMERGENCY CONTACT PERSON(S) – OTHER THAN PARENTS

NAME (1): \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

NAME (2): \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

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## HEALTH INSURANCE INFORMATION

Student's Health Insurance Carrier: \_\_\_\_\_

Group/ Policy Number: \_\_\_\_\_

## PARENT'S AUTHORIZATION:

This document is correct to the best of my knowledge and the student described above has permission to engage in all activities unless otherwise noted above. I hereby grant permission for the supervising director to act "in loco parentis" in case an emergency arises if I, the parent, cannot be contacted.

\_\_\_\_\_

\_\_\_\_\_

Parent/ Guardian Signature

Date

\_\_\_\_\_

Printed Name

\_\_\_\_\_

\_\_\_\_\_

Notary Public

Date

My commission expires \_\_\_\_\_