

McNary Band and Color Guard Medical and Permission Form

Students Full Name: _____ Sex: M ☐ F ☐ Date of Birth: _____ Graduation Year: _____
Address: _____ City & Zip: _____ Instrument: _____
Home Phone: _____ Cell/Msg. Phone: _____ email address: _____
Father/Guardian Full Name: _____ Employer: _____ Work Phone: _____
Mother/Guardian Full Name: _____ Employer: _____ Work Phone: _____

Medical/Health Insurance Company: _____	Group Number: _____	Policy Number: _____
List ANY special health problems in the past. (Includes diabetes, asthma, dizziness/fainting, migraine headaches, etc.) _____		
List ANY medications being taken currently. (Include insulin, anti-convulsive, antihistamine, tranquilizers, etc.) _____		
Family Physician: _____	Physician's Phone Number: _____	
List ALL allergies to drugs or food: _____		
IN CASE OF EMERGENCY CONTACT: _____		PHONE: _____

As legal parent/guardian of _____ I hereby give my student permission to participate in the McNary High School Band and Color Guard program. This includes Band Camp at McNary High School, as well as any other practices held by the Band and/or Color Guard. I give my permission for my child to be transported by Salem-Keizer Public Schools to any event in which he/she is participating as a Band/Color Guard member. I authorize Salem-Keizer Public Schools and its employees to secure the service of a physician or hospital and to incur expenses for necessary service in the event of accident or illness, and I will provide payment for these costs.

List any restrictions: _____

Parent/Guardian Signature: _____ Date: _____