



**George Rogers Clark High School Band  
Winchester, KY 40391  
Health and Medical Record/Consent Form**

Note: This form is to be completed by Parent/Guardian and must be on file with the GRC Band.

**Student Information**

Name of Student: \_\_\_\_\_  
Last First Middle

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

Student Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Age: \_\_\_\_\_ Student E-mail: \_\_\_\_\_

**Parent Information**

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address, if different than above: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address, if different than above: \_\_\_\_\_

**Insurance Information**

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

Group #: \_\_\_\_\_ Member #: \_\_\_\_\_

Primary Care Physician (students): \_\_\_\_\_

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

Secondary contact person, in case of emergency: \_\_\_\_\_

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

**Please copy both sides of the insurance card that covers the student and attach to this form.**

**General Information**

Does student live with \_\_\_both parents \_\_\_one parent \_\_\_guardian \_\_\_other

Does the student have any known defect or illness which might interfere with his/her participation in strenuous activity? If so, please explain:

Does the student have any allergies or reactions to drugs or medicines? Explain:

Is the student presently taking any medications or on a special diet or exercise restrictions? If yes, please list specific details: (name of drug, dosage, etc.)

Indicate the date of last TTB (Tetanus, Dip Tox, Booster shot):\_\_\_\_\_

Are there any emotional/social disabilities that would be helpful for us to be aware of?

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter, named above to participate in and travel with the George Rogers Clark High School Band. In order that my son/daughter may receive the proper medical treatment in the event that he/she may sustain injury or illness during participation in band activities, I hereby authorize the band staff to obtain medical treatment for my son/daughter for such injury or illness during band activities. I hereby hold the GRC Band staff and sponsoring organizations, as well as its representatives, harmless in the exercise of this authority.

I further understand that there is always a possibility that my son/daughter may sustain physical illness or injury while participating in band activities. If this occurs, I hereby authorize the band staff and representatives to refer my son/daughter to a medical treatment center (hospital, etc.). I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during band activities.

Understanding that there is always a possibility that my son/daughter may sustain physical illness or injury, I acknowledge and understand that my son/daughter is assuming the risk of such physical illness or injury by he/her participation, and I further release the sponsoring organizations(s) and its representatives from any claims for personal illness or injury that my son/daughter may sustain during band activities. I further acknowledge and understand that my son/daughter will be responsible for his/her failure to abide by the rules and regulations of the George Rogers Clark High School Band.

\_\_\_\_\_  
Parent/Guardian Signature:\_\_\_\_\_Date:\_\_\_\_\_

**(must be signed in the presence of the notary)**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ personally appeared before me, and in my presence executed the within and foregoing permission and release form.

Notary Public:\_\_\_\_\_ My commission expires:\_\_\_\_\_

Notary seal must be used for validation.