

**BAND INFORMATION SHEET
PARTICIPATION AND MEDICAL FORM 2011-2012**

Last Name _____ First Name _____ Grade _____

Address _____ Zip _____

Home Phone () _____ Student Cell _____

Student's E-Mail _____.

Parent or Guardian Responsibility:

Name(s) _____ Relationship _____

Address _____ Zip _____

Home Phone () _____ Work Phone () _____

Pager _____ Cell _____

Parent E-Mail (important!) _____

Indicate any medical problems here:

Indicate current medications and dosage:

_____ has my permission to participate with the Westside High School Band on its HISD/Band sponsored trips, parades, rehearsals, and activities as approved by the school district during the 2011– 2012 school year. In case of accident or illness, the adult in charge has my permission to seek any emergency medical treatment deemed necessary. I understand that I will be liable and financially responsible for all costs incurred.

Date _____ Signed _____

Fill out below if you have medical insurance.

Name of Insured _____

Address of Insured _____ Zip _____

Insurance Co. Name _____ Policy # _____

Claims Address _____ Zip _____

Phone _____

Emergency Contact:

Name _____ Relationship _____

Phone _____

Turn this form in on the first day of camp, or mail it to:

Westside High School Band
14201 Briar Forest Dr.
Houston, TX 77077