

Spokane Band Department

Mr. Dominic Zanaboni, Director of Bands

zanabonid@spokane.k12.mo.us

417-443-3502 ext 319

Band Department Permission and Medical Release Form

I give permission for my son/daughter _____ to attend all Spokane Band functions within the State of Missouri during the 2016-2017 school year as approved by the School Administration. This includes but is not limited to Parades, Concerts, Auditions, Band Festivals, Solo and Ensemble Festivals, and any other special event trips deemed appropriate (by age and grade) by the administration.

Parent Signature: _____ Date: _____

Medical Release Form

In case of a medical emergency I hereby allow the designated staff member or chaperone to seek medical assistance in my absence. I understand that if at all possible, I will be notified in advance of any such assistance. However, in the off chance that I can not be reached, I give permission to have medical advice or treatment given in my absence.

Parent Signature: _____ Date: _____

Medical Information

(all information contained will be kept in the strictest confidence in accordance with HIPAA rules)

Special Medical Conditions: (asthma, allergies, diseases, etc.) YES NO

If yes, please list those conditions:

Medications currently being taken: YES NO

If yes, please list all medications and their uses:

Insurance Information:

In whose name is the Insurance? (*primary insured*) _____

Father Mother Guardian Student

Medical Insurance Company: _____ *Individual or Group (circle one)*

Policy Number: _____ **Group Number:** _____

Emergency Contact Information

Father's Name: _____

Home: _____ *Cell:* _____ *Work:* _____

Mother's Name: _____

Home: _____ *Cell:* _____ *Work:* _____

Step Mother/Father's Name: _____

Home: _____ *Cell:* _____ *Work:* _____

Other Emergency Contact: _____

Relationship to Student (*Friend, Aunt, Uncle, Grandparent, Neighbor, etc.*):

Home: _____ *Cell:* _____ *Work:* _____

I affirm that, to the best of my knowledge, the above is true and accurate and I agree to its content.

Parent Signature: _____ **Date:** _____