

**TERRA NOVA HIGH SCHOOL BAND PROGRAM 2016**

Students of the Terra Nova Band participate in many extensive after-school band events with other schools of this area. Each band student is required to:

1. Submit parental consent for participation.
2. Have medical and hospital insurance coverage of at least \$1500.
3. Be declared physically fit by a licensed physician to engage in physical activity during the calendar year preceding the first day of required practice.

*DIRECTORS MUST PHOTOCOPY EMERGENCY INFORMATION CARD ... RETURN THIS ORIGINAL TO DEPT. HEAD*

**TERRA NOVA HIGH SCHOOL MUSIC DEPARTMENT  
EMERGENCY INFORMATION CARD**

*(to accompany each band event)*

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

FATHER'S/GUARDIAN'S CELL or WORK PHONE \_\_\_\_\_

MOTHER'S/GUARDIAN'S CELL or WORK PHONE \_\_\_\_\_

OTHER EMERGENCY PHONE NUMBERS \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

DENTIST'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

In case of emergency and parent or above named medical doctor/dentist cannot be reached, permission is given to school authorities to seek emergency medical treatment at a hospital or other medical facility, for the student named above.

X Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PARENTAL CONSENT & PHYSICAL STATEMENT**

Parent/Guardian Name \_\_\_\_\_

I, the Parent or Guardian of \_\_\_\_\_ hereby give my consent for the student named \_\_\_\_\_  
*Student's Name*

to compete in the after-school band events and to go with the representative of the school on any trips. In

any trips. In addition, I certify that my daughter/son was examined by \_\_\_\_\_

on \_\_\_\_\_ and was found physically fit to engage in marching band for this school year. If possible  
*Physician's Name*  
*Date*

in the event of any injury, treatment should be rendered by:

Doctor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

X Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Each band student must be declared physically fit annually (*within the calendar year preceding the first day of required practice*) by a licensed physician in order to participate in the band program.

**PLEASE LIST ANY KNOWN ALLERGIES OR  
MEDICAL CONDITIONS ON THE BACK**

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MEDICAL CONDITIONS**