Belzer Performing Arts Department Medical Form/Permission Slip 2018-2019

Student's Name _____DOB_____

Circle all that apply: BAND ORCHESTRA CHOIR

Parent/Guardian Name _____

Parent/Guardian Address _____

Parent/Guardian #2 Name _____

Parent/Guardian #2 Address_____

Parent/Guardian Home Phone _____Parent/Guardian#2 Home Phone _____
Parent/Guardian Cell Phone _____ Parent/Guardian#2 Cell Phone _____
Parent/Guardian Work Phone _____ Parent/Guardian#2 Work Phone_____

Emergency Contact if Parent is Not Available (Name(s), Relationship to student, and Phone Numbers)

_____

_____

List Any Allergies: _____

List Any Medication Your Child Is Currently Taking: _____

_____

Any Current Medical Problems: _____

_____
If your child takes medication for allergies or bee stings, please send it with your child with his/her name printed on the container.

Medical Insurance Information (Company Name, Policy Number, Phone Number, etc…)

_____

Any Additional Information:

_____

I hereby Authorize Medical Treatment For My Son/Daughter While Under The Supervision Of The Belzer Performing Arts Department/Teachers and or Chaperones. This Form is Required.
I agree to keep my phone with me at all times and be available in case anyone from the trip needs to contact me.

_____ _____
Parent/Guardian Signature Date

This slip will be kept on file throughout the school year. Please be sure to notify the Belzer Performing Arts Department prior to any upcoming trips if you need to make changes to this form.
If your child is participating in more than one Performing Art, only one medical form is necessary.