

NORTH CAROLINA BANDMASTERS ASSOCIATION
ALL-STATE HONORS BAND MEDICAL RELEASE FORM/BEHAVIOR CONTRACT

All information provided will be on file with the clinic chair and remain confidential.

Student's Name _____
(LAST) (FIRST) (MIDDLE)

Student's Address _____

City _____ State _____ Zip _____

SCHOOL NAME OF THE PARTICIPATING STUDENT _____

BAND DIRECTOR'S
NAME _____

Student's Date of Birth _____ Age _____

Father's Name _____

Mother's Name _____

If parents are not legal guardians, guardian's name and address:

Father's Home Phone _____ Work or Cell Phone _____

Mother's Home Phone _____ Work or Cell Phone _____

INSURANCE/EMERGENCY INFORMATION

Under whose insurance is the student covered?

Father? Mother? Both? School?

Name of Insurance
Company _____

Insurance Policy Number _____

Agent's Name _____ Contact Telephone _____

List two people to notify of in an emergency if parent/guardian cannot be reached:

Name _____ Phone _____ Relation to Student _____

Name _____ Phone _____ Relation to Student _____

Complete the reverse side or second page of this form. Signatures are required!

Please provide the following information or circle all that apply:

ALLERGIES

Food _____

Medication: Penicillin _____ Sulfa _____

Other _____

Conditions (Circle all that apply)

Epilepsy	Rheumatic Fever	Asthma	Dizziness/Fainting
Eyes	Ears	Nose	Throat
Hay Fever	Diabetes	Stomach	Heart Palpitation
Jaundice/Hepatitis	Kidney/Urinary Problems	Depression/Behavior	Knees/Legs/Walking

Special Notes Concerning Conditions:

Date of last Tetanus Shot _____

Does student take medication on a regular basis? **Y** or **N**

If yes, list medication and dosage _____

Over-the-counter medications which I DO NOT wish to be administered to my child are:

Family Physician _____ **Office Phone** _____

NORTH CAROLINA HONORS BAND BEHAVIOR CONTRACT

This contract concerns student behavior while attending the North Carolina Honors Band Clinic. Each student will review and sign this contract with their director parents. All obligations to the clinic must be met for this very important weekend.

1. Students are required to attend each rehearsal for the amount of time that rehearsal is scheduled. Students may not leave early or arrive late for any scheduled rehearsals. This includes proms, ball games, etc. If a student skips a rehearsal, their parents and director will be notified and they will be sent home.
2. Students should be on their best behavior during rehearsals. Talking, playing electronic games, use of cell phones, text messaging or reading is not acceptable behavior while a rehearsal is in progress. We do not want our guest clinicians to police student behavior; rather, we want them to focus on making outstanding music with you.
3. Students should not eat during a rehearsal. If a student needs to have a snack for medical reasons, please let the clinic chair know during the registration time period.
4. Students should be early for each scheduled rehearsal. Please plan to arrive at least ten minutes early.
5. Students should not leave the immediate area of their rehearsal location. Students may not leave the campus of host rehearsal sight at any time during the clinic day. This also includes leaving campus during meal times.
6. If a student has a question about the schedule, missing music, etc. during the clinic weekend, please ask the clinic chair.
7. All rules and policies from each individual school should be followed during this weekend. This also includes policies concerning smoking, drug use, possession of weapons, and hazing. Students will be sent home for any major rule violation.

As parent/guardian of the named child/student, I hereby give permission to the supervising teacher to request usual and customary medical/safety services for my son/daughter if needed on this trip. It is understood that I will be responsible for all costs not covered by my insurance. I relieve the North Carolina Bandmasters Association of any liability concerning my child while he/she is participating in the clinic.

As a participating student I have read the behavior contract for the Honors Band Clinic and agree to abide by it.

As a participating director (aforementioned as "supervising teacher") I have read the behavior contract for the Honors Band Clinic and agree to insure my students comply with the contract.

Signature of Participating Student _____ Date _____

Signature of Parent/Guardian _____ Date _____

Signature of Band Director (Supervising Teacher) _____ Date _____