

# ADDISON HIGH SCHOOL BAND

BAND CAMP 2019  
AUGUST 5th – AUGUST 9th, 2019  
at ADDISON HIGH SCHOOL  
and all other AHS Band Activities for 2019-2020

## HEALTH FORM

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
last first middle init.

ADDRESS \_\_\_\_\_, MI \_\_\_\_\_  
street city zip

HOME PHONE \_\_\_\_\_ PARENT CELL \_\_\_\_\_

OTHER NAMES & PHONES FOR EMERGENCY \_\_\_\_\_

Insurance coverage \_\_\_\_\_  
company cert. no. employer

ANY ALLERGIES \_\_\_\_\_

\_\_\_\_\_

CURRENT MEDICATIONS \_\_\_\_\_

\_\_\_\_\_

Any medical or other problems or instructions we should know about (this will be confidential) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I give my permission to Mr. Wright and/or others in charge to give or seek emergency first aid or medical care for my above-named student, and for treatment by our own or any other doctor or hospital if I cannot be reached by phone.

PARENT (or Guardian) NAME (Please print) \_\_\_\_\_

Date \_\_\_\_\_ PARENT SIGNATURE \_\_\_\_\_

Name of FAMILY DOCTOR \_\_\_\_\_ Dr.'s PHONE \_\_\_\_\_

Dr.'s ADDRESS \_\_\_\_\_ HOSPITAL PREFERENCE \_\_\_\_\_

Please finish on the other side! Thanks! —>

I give permission for my child, \_\_\_\_\_, to attend all band functions for the 2019-20 school year. Students will ride on the bus unless written parental permission has been given to Mr. Wright. No students will be allowed to ride with other parents or students unless written parental permission has been given to Mr. Wright. Students understand that they are expected to follow all school rules and represent their school to their very best while attending any band function.

Student Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_