
STUDENT NAME: LAST

FIRST

MID. INITIAL

2017/2018 MARCHING BAND
Permission Form/ Insurance and Health Information

WITHOUT THIS FORM YOUR CHILD WILL NOT BE PERMITTED TO ATTEND
CAMP.

My son/daughter _____ has my permission to attend Band Camp at YMCA CAMP
OHIYESA, in Holly, Mi with the Carlson High School Marauder Marching Band from August 13, 2017
through August 19, 2017.

EMERGENCY PHONE NUMBERS

Home

Work

Cell

Father's Name _____

Mother's Name _____

Other _____

E-mail** _____

In the event of an EMERGENCY, I hereby give my permission to the following persons to pick up my child
from camp. (My child will be released only to the names listed below, with proper ID.)

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

I expressly direct that if my son/daughter is dismissed from camp and arrangements cannot be made by
me or one of the above permitted persons to transport him/her home, I agree to cover the expense of
public transportation:

X

Signature of parent or Legal Guardian

Insurance _____ Group# _____ Service# _____

Contract# _____ Local# _____ Certificate# _____

Coverage# _____ Co-Pay _____

History	YES	NO	HISTORY	YES	NO	HISTORY	YES	NO
FAINTING			PAINFUL JOINTS			RECURRANT EAR PROBLEM		
ASTHMA			BACKACHES			BACK ARM OR LEG PROBLEM		
DIABETES			NOSEBLEEDS			FOOD ALLERGIES		
HEART CONDITON			SHORTNESS OF BREATH			MEDICATION ALLERGIES		
ANEMIA			HERNIA			ENVIRONMETA L ALLERGIES		
BLURRED VISION			FREQUENT SORE THOARTS			PHYSICAL LIMITATION		
HEADACHES			STOMACH PAINS			ANIXETY		
EPILEPTIC			NERVOUS STOMACH			DEPRESSION		
BLACKOUTS			BEHAVIOR DISORDER			GLASSES		
RECENT SURGERIES			SLEEP WALKING			CONTACTS		

If a yes answer is given above or if another condition exists please explain in full detail:

Current drugs/medications	Dosage	Purpose

I, _____, give my permission for medical treatment to be given to my child, _____, in case of illness or injury and/or to have routine medical care administered while on competition trips of any band related function, including band camp.

Only prescription medication in the original containers are allowed to be brought to band camp and must be checked in and left with the health personnel upon arrival to band camp.

Listed below are medications that will be on hand with the health personnel. Please indicate which medication your child can use. If there is a specific over the counter medication your child will need please make the band director and/or health personnel aware so that we can make accommodations.

Name	Yes	No
Cetirizine (Zyrtec)		
Loratadine (Clairitin)		
Acetaminophen (Tylenol)		
Ibuprofen (Motrin)		
Diphenhydramine (Benadryl)		
Pepto Bismol		
Loperamide (Anti- Diarrhea)		
Tums		
Epi Pen (in emergency Situations Only)		

*****Signature of Parent or Legal Guardian*****

Student's T-Shirt Size: Sm, M, Lg, XL, 2XL, 3XL (Circle one – Adult sizes only)

This is used to order their blue uniform shirt and their show shirt.

I, _____, give the Gibraltar Music Boosters permission to post pictures or video of my student, _____, on their website at www.gibraltarband.org.

COPY OF INSURANCE CARD
 ***CURRENT IMMUNIZATION RECORD**