

STUDENT NAME:  
LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MID. INTIAL \_\_\_\_\_

2018/2019 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 12, 2018  
through August 18, 2018.

EMERGENCY NAME & PHONE NUMBERS:

	Last Name:	First Name:	Home Phone:	Cell Phone:
Father's Info				
Mother's Info				
Other contact:				

**Primary E-mail:** \_\_\_\_\_

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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:

**Sign Here:**

***Signature of parent or Legal Guardian***

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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			ARM OR LEG PROBLEM		
DIABETES			NOSEBLEEDS			DEPRESSION		
HEART CONDITION			SHORTNESS OF BREATH			ANXIETY		
ANEMIA			HERNIA			ENVIRONMETAL ALLERGIES		
BLURRED VISION			FREQUENT SORE THOARTS			PHYSICAL LIMITATION		
HEADACHES/MIGRAINES			STOMACH PAINS					
EPILEPTIC			NERVOUS STOMACH			HEARING AIDS		
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:**

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**Food Allergies:** \_\_\_\_\_

**Medicine Allergies:** \_\_\_\_\_

**Dietary Needs (vegan, vegetarian, etc):** \_\_\_\_\_

Are your student's immunizations up to date?     YES     NO  
 Does not receive immunizations

**Only prescription medications 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.**

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. At camp, this includes when a nurse feels an ace wraps or splints of joints are needed when a student complains of aching joints. You may contact our camp nurse at [chsbandnurse@gmail.com](mailto:chsbandnurse@gmail.com) for any medical concerns or questions.

Current drugs/medications	Dosage (amount / times a day)	Purpose

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.

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

**SIGN HERE:**

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*Signature of Parent or Legal Guardian*