

STUDENT NAME: LAST _____ FIRST _____ MID. INTIAL _____

2019/2020 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 4, 2019 through August 10, 2019.

EMERGENCY NAME & PHONE NUMBERS:

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

Primary 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:

Sign Here: _____
Signature of parent or Legal Guardian

Insurance _____ Group# _____ Service# _____

Contract# _____ Local# _____ Certificate# _____

Coverage# _____ Co-Pay _____

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.

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)		

SIGN HERE: _____
Signature of Parent or Legal Guardian