

**Mandeville High School Band
Student Medical Information and Release Form**

Student name _____ Instrument _____ Grade _____

Mailing Address _____

City _____ State LA Zip _____

Home Phone# _____ *(replace parent with legal guardian info if applicable)*

Mother's Name _____ Mother's E-mail _____

Mother's Cell # _____ Mother's Work # _____

Father's Name _____ Father's E-mail _____

Father's Cell # _____ Father's Work # _____

Emergency Contact (in case a parent or legal guardian cannot be reached):

Name _____ Relation _____

Home # _____ Cell # _____

Work # _____ Other _____

Student's Personal Physician: _____ Phone: _____

Check any ALLERGIES and specify nature of REACTION:

Pollen/Hay fever Bee Stings Medication

Food (_____) Insects (_____) Other(_____)

Nature of reaction to any of the above: _____

Medication the student is currently taking: _____

Please list any medical conditions or restraints: _____

Additional information we should be aware of: _____

Attach a copy of the FRONT and BACK of your insurance card.

_____ is insured by the _____ Insurance Company.

(Student's name) Policy Number _____

Last 4 digits of student's Social Security number _____

I will keep this information updated and current, notifying the directors of any changes.

I give permission for _____ to attend and participate in all Mandeville
(Student's name)

High School band activities and trips from July 1, 2024 to June 30, 2025 inclusive. I release Mandeville High School, the Mandeville High School Band directors, sponsors, and chaperones of all liability in connection with these activities and trips. I understand that St. Tammany Parish and Mandeville High School rules are in effect for all school sponsored events and any infraction of these rules will be handled by the administration.

Responsibility for _____'s actions is assumed by _____
(Student's name) (Name of parent/guardian)

and not by the faculty or staff of Mandeville High School.

_____ has my permission to participate in all physical activities with the
(student's name)

band throughout the year including athletic activities.

In the event that _____ requires medical attention,
(Student's Name)

I authorize Rossi DiBenedetto, Aubrey Farriel, other staff, the sponsors, and/or the chaperones to act on my behalf in securing any medical attention or treatment deemed necessary during the period of July 1, 2024 to June 30, 2025. (Including giving the student over-the-counter medications such as Tylenol, Aleve, Pepto-Bismol, Imodium AD, Band-Aids, etc. when necessary).

I will be responsible for all medical expenses not covered by insurance and will not hold Mr. DiBenedetto, Ms. Farriel, any trip chaperones, Mandeville High School, or St. Tammany Parish Schools necessary for expenses.

Parent/Guardian Signature _____

Date _____