

John Hersey High School Bands

Information Sheet

Please print

Last Name _____ First Name _____

16-17 Grade _____ Instrument(s) _____

Parent #1 name (mother) _____

Parent e-mail address #1 _____

Parent #2 name _____

Parent e-mail address #2 _____

Parent #3 name _____

Parent e-mail address #3 _____

Father's Vocation _____ Mother's Vocation _____

Home Mailing Address _____

City _____ Zip _____

Home Phone (____) _____ Father Work Phone (____) _____

Mother Work Phone (____) _____ Parent Cell phone (____) _____

Student e-mail address (if different than parent) _____

Private lesson teacher _____

Other anticipated school activities _____

General Release

This document will be used for every band event throughout the summer and school year.

(if you have already turned in the 2016-17 release form,
do not return this portion of the handbook)

Student Name _____ Sex: M F

Phone _____ Age _____

Physician _____ Physician Phone _____

Hospital _____

In case of emergency, attempt will be made to contact a parent at home or at work. In the event that a parent can not be contacted, please list an alternate:

Alternate name _____ Phone _____

Relationship _____

Please list any medical conditions that we should be aware of (i.e. asthmatic, diabetic, epileptic, etc.):

Please list any allergies or allergic reactions to medication: _____

Please list any medications the above student is now taking: _____

Date of most recent tetanus shot: _____

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examinations and immunizations for the above-named student. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above-named student may be given.

Guardian's Signature _____ Date _____

Other Comments or added directions: