

Fontainebleau High School Crimson Band

100 Bulldog Drive – Mandeville, Louisiana 70471

Band Office: 985-892-7112 ext. 246

Fontainebleau High School Crimson Band Student-Medical Information/Release Form

Please fill out the following information:

Student name _____ Instrument _____ Grade _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone # _____ Student email _____

Mom's Name _____ Mom's email _____

Mom's cell # _____ Mom's work # _____

Dad's Name _____ Dad's email _____

Dad's cell # _____ Dad's work # _____

Emergency Contact Information:

Name _____ Relation _____

Phone # _____ Other _____

Student's Personal Physician: _____ Phone # _____

*******PLEASE ATTACH A COPY OF YOUR INSURANCE CARD (both sides) *******

Student's Social Security # _____ (required @ hospitals)

Check any ALLERGIES and specify nature of REACTION:

Pollen/ Hayfever _____ Bee Stings _____ Medication (_____)

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

Nature of reaction to any of the above: _____

Medication the student is currently taking: _____

Additional information we should be aware of: _____

My student has my permission to participate in the Fontainebleau High School Band activities for the current school year. I release Fontainebleau High School, the Fontainebleau High School band directors, sponsors and chaperones of all liability in connection with activities. I understand that St. Tammany Parish and Fontainebleau High School rules are in effect for all school sponsored events and any infraction of these rules will be handled by the administration.

I *DO / DO NOT* (circle one) authorize a representative of the Fontainebleau High School Band to secure medical treatment for

_____ (print student's name) as may become necessary.

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

Parent's Signature _____ Date _____