

**- PATRICK HENRY HIGH SCHOOL - INSTRUMENTAL MUSIC DEPARTMENT -
- INFORMATION AND MEDICAL FORM – PERMISSION TO PARTICIPATE & PUBLISH -**

Student First Name: _____ Last Name: _____

Student Email: _____ Date of Birth: _____

Instrument: _____ Grade: _____ Student Cell Phone: _____

Primary Address: _____ City: _____ Zip: _____

Note: Information is sent by e-mail. Check here if you prefer information be sent by U.S. Mail:

Parent/Guardian: _____ E-mail: _____

Phone: _____ Cell Phone: _____ Work Phone: _____

Occupation, Skills or Talents: _____

(Fill in below for second household, if applicable)

Parent/Guardian: _____ E-mail: _____

Second Address: _____ City: _____ Zip: _____

Phone: _____ Cell Phone: _____ Work Phone: _____

Occupation, Skills or Talents: _____

Note: Information is sent by e-mail. Check here if you prefer information be sent by U.S. Mail:

MEDICAL INFORMATION:

Medicines in student's possession: _____

List any allergies to medications: _____

Date of last tetanus shot: _____

List any pertinent medical history or chronic medical problems: _____

I authorize Mr. Kalal & the parent chaperones to give my student, _____, Tylenol, Advil, Pepto Bismol or Imodium if necessary while he/she is participating with the Patrick Henry High School Band and/or Color Guard at off-campus competitions and performances during the 2009-2010 school year.

Yes No Parent Initial _____

Medical Insurance: Name of Insurance Company: _____

Name of Insured: _____ Policy Number: _____

Permission To Participate and Publish for 2009 - 2010

I hereby give my permission for my child named above to participate in the Patrick Henry High School Instrumental Music Program for the academic year of 2009-2010.

I understand that the Band and Color Guard prints and distributes a directory of names, phone numbers, and e-mail addresses to facilitate communications so students and parents can contact each other for social events, ride sharing, planning, and to ask each other questions, etc. I hereby give my permission to include my child and myself on that list for the academic year of 2009-2010. If you do not give permission to publish contact information, check the No box and initial. No Parent/Legal Guardian Initial _____

I further allow the PHHS Instrumental Music Program to photograph and exhibit photos, videos and other reproductions and other media that may include images of my child and that may appear in websites, news media, newspapers, publications, television and other media. I understand that my child's name will not be listed in conjunction with the use of his/her image. If the media wishes to publish my child's name they will first notify me.

Parent/Legal Guardian Name

Parent/Legal Guardian Signature

Date