

Is your child under any medical treatment presently? _____ Yes _____ No. If Yes, please list reason: _____

I, _____, the parent/guardian of _____, do have insurance coverage, which will accept responsibility should an accident or health problem arise.

Insurance Information (Company): _____

Policy Number

Family Physician

Group Number

Family Physician Phone Number

Please list any additional information, which you may feel we may need to know about your child: _____

RELEASE FORM

I understand that there will be adequate adult supervision. In the event that my child suffers any illness or accident requiring emergency medical aid, I hereby authorize the band director, or his representative to acquire any necessary hospitalization, medication, or surgery, understanding the band director or his representative will contact me at the earliest possible moment.

I also give permission for my child to travel with the band. By signing, I will not hold Charlotte-Mecklenburg Schools, South Mecklenburg High School, the Band Director, Band Boosters, or any chaperones responsible for any accident.

Signature - Date

Print Name

****Please submit this form, along with a copy of your insurance card, on or before August 2, 2010 to Mr. Rugila****