

**WESTERN NORTH CAROLINA BANDMASTERS ASSOCIATION
ALL-DISTRICT BAND MEDICAL RELEASE FORM/BEHAVIOR CONTRACT**

ALL INFORMATION PROVIDED WILL BE ON FILE WITH THE CLINIC CHAIR AND REMAIN CONFIDENTIAL.

Student's Name _____
(last) (first) (middle)

Student's Address _____

City _____ State _____ Zip _____

School Name of the Participating Student _____

Band Director's Name _____

Student's Date of Birth _____ Age _____

Father's Name _____

Mother's Name _____

If parents are not legal guardians, guardian's name and address:

Father's Home Phone _____ Work or Cell Phone _____

Mother's Home Phone _____ Work or Cell Phone _____

Insurance/Emergency Information

Under whose insurance is the student covered?

Father? Mother? Both? School?

Name of Insurance Company _____

Insurance Policy Number _____

Agent's Name _____

Agent's Address _____

List **two** people to notify in an emergency if parent/guardian cannot be reached:

Name _____ Phone _____ Relation to Student _____

Name _____ Phone _____ Relation to Student _____

Please provide the following information or circle all that apply:

Allergies

Food _____

Medication: Penicillin _____ Sulfa _____

Other _____

Conditions

Epilepsy	Rheumatic Fever	Asthma	Dizziness/Fainting
Eyes	Ears	Nose	Throat
Hay Fever	Diabetes	Stomach	Heart Palpitations
Jaundice/Hepatitis	Kidney/Urinary Problems	Depression/Behavior	Knees/Legs/Walking

Special Notes Concerning Conditions _____

Date of last Tetanus shot _____

Does the student take medications on a regular basis? Yes No

If yes, list medication and dosage _____

Family Physician _____

Physician's Office Address _____

Physician's Office Phone _____ Home Phone _____

Over-the-counter medications, which I DO NOT wish to be administered to my child, are:

WESTERN NORTH CAROLINA ALL-DISTRICT BAND BEHAVIOR CONTRACT

This contract concerns student behavior while attending the Western NC All-District Band Clinic at Western Carolina University. Each student will review and sign this contract with their director and parents. All obligations to the clinic must be met for this very important weekend.

1. Students are required to attend each rehearsal for the amount of time that rehearsal is scheduled. Students **may not** leave early or arrive late for any scheduled rehearsals. This includes school functions, ball games, etc. If a student skips a rehearsal, their parents and director will be notified and they will be sent home.
2. Students should be on their best behavior during rehearsals. No talking, playing electronic games, or reading should occur while a rehearsal is in progress. The clinician's job is to prepare the best musicians in Western North Carolina for a performance on Saturday evening, not to deal with poor attitudes.
3. Students should not eat during a rehearsal. If a student needs to have a snack for medical reasons, please let the clinician assistant know in advance.
4. Students should be early for each scheduled rehearsal. Please plan to arrive at least ten minutes early.
5. Students should not leave the immediate area of their rehearsal location. Students may not leave the campus of Western Carolina University at any time during the clinic day. This also includes leaving campus during meal times.
6. If a student has a question about the schedule, missing music, etc. during the clinic weekend, please ask the clinic assistants.
7. All rules and policies from each individual school should be followed during this weekend. This also includes policies concerning smoking, drug use, possession of weapons, and hazing. Students will be sent home for any major rule violation.

As parent/guardian of the named child/student, I hereby give permission to the supervising teacher to request usual and customary medical/safety services for my son/daughter if needed on this trip. It is understood that I will be responsible for all costs not covered by my insurance. I relieve the Western North Carolina Bandmaster's Association and Western Carolina University of any liability concerning my child while he/she is participating in the clinic.

As a participating student I have read the behavior contract for the All-District Band Clinic and agree to abide by it.

As a participating director (aforementioned as "supervising teacher") I have read the behavior contract for the All-District Band Clinic and agree to insure my students comply with the contract.

Signature of Participating Student _____ Date _____

Signature of Parent/Guardian _____ Date _____

Signature of Band Director _____ Date _____
(Supervising Teacher)

This form MUST be turned in to the registration table at All-District Clinic.