

# BAND MEDICAL INFORMATION FORM

## MEDICAL INFORMATION (For use in the event of an emergency)

Student's Name: \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Grade \_\_\_

Address: \_\_\_\_\_

Student Email: \_\_\_\_\_ Student Cell: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_

Allergies: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

List any other medical conditions: \_\_\_\_\_

Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Telephone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Father or Legal Guradian: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mother or Legal Guardian: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## EMERGENCY CONTACT:

Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

# CONSENT FOR MEDICATION DURING BAND FUNCTIONS

Name of Student: \_\_\_\_\_

Birthdate: \_\_\_\_\_

**With what medications would your child have an allergic reaction?**

\_\_\_\_\_  
\_\_\_\_\_

**List any medications the band director would need to administer to your child:**

- Name of Medication: \_\_\_\_\_ Time to be given: \_\_\_\_\_  
Reason for Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_
- Name of Medication: \_\_\_\_\_ Time to be given: \_\_\_\_\_  
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Reason for Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Name of Physician (please print) \_\_\_\_\_

Phone Number: \_\_\_\_\_

**I give my permission for Mr. Fisher or a designated band director or chaperone to dispense over the counter medication (including Tylenol, Advil, Immodium, Emetrol, Motion Sickness Medication, etc. ) to my child as per the directions on the medicine package. CHECK: YES \_\_\_\_\_ or NO \_\_\_\_\_ Parent Initials \_\_\_\_\_**

BY SIGNING, I AUTHORIZE SCHOOL PERSONNEL TO GIVE THE ABOVE MEDICATION, AS WELL AS RELEASE THE DISTRICT, THE BOARD AND SCHOOL EMPLOYEES FROM ANY LIABILITY RELATED TO AN ALLERGIC/ADVERSE REACTION TO THIS DRUG. IF ELECTED, I ALSO ACCEPT RESPONSIBILITY FOR ANY DAMAGE, INJURIES, OR OTHER EVENTS THAT MAY RESULT FROM MY CHILD TRANSPORTING MEDICATION.

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

# LINDALE BAND HANDBOOK AGREEMENT FORM

This band handbook is the property of the pupil whose name appears below. It is valuable and should be kept for reference throughout the school year for High School Band for both parents and students.

In accepting this band handbook, I accept the privileges and responsibilities as a member of the Lindale Band Program and promise to uphold in my actions and attitudes those qualities which will honor the band and school.

Parent/Guardian Name: \_\_\_\_\_  
(please print)

Parent/Guardian Signature: \_\_\_\_\_  
(please sign)

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_  
(please print)

Student Signature: \_\_\_\_\_  
(please sign)

Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian Home Phone: \_\_\_\_\_

Parent/Guardian Cell Phone: \_\_\_\_\_

# LINDALE BAND TRIP PERMISSION FORM

THE FOLLOWING INFORMATION MUST BE FILLED OUT AND PRESENTED TO THE BAND DIRECTOR BEFORE A STUDENT MAY MAKE ANY LINDALE BAND TRIP.

\_\_\_\_\_ has my permission to participate in the  
(please print students name)

Band Trip. I have read the guidelines with my child and we both understand them.

\_\_\_\_\_ has my permission to swim in motel  
(please print students name)

swimming pools with the understanding that there will be no lifeguards on duty, only our chaperones.

Parent/Guardian Name: \_\_\_\_\_  
(please print)

Parent/Guardian Signature: \_\_\_\_\_  
(please sign)

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_  
(please print)

Student Signature: \_\_\_\_\_  
(please sign)

Date: \_\_\_\_\_

**PARENT/STUDENT UIL MARCHING BAND  
ACKNOWLEDGEMENT FORM**

*Updated 2018*

No student may be required to attend a marching band related practice for more than eight hours outside the academic school day per calendar week (Sunday through Saturday). This provision applies to students in all components of the marching band. **Exception:** For schools that begin instruction prior to the fourth Monday in August the limit of eight hours of rehearsal outside of the academic school day per calendar week shall begin on the Tuesday immediately following Labor Day. Schools under this exception shall be limited to eight hours of rehearsal outside of the academic day per school week (12:01 AM on the first day of school of the calendar week through the end of the school day on the last day of instruction of the school week) until the Tuesday immediately following Labor Day.

On performance days (football games, competitions and other public performances) bands may hold up to one additional hour of warm-up and practice beyond the scheduled warm-up time. Multiple performances on the same day do not allow for additional practice and/or warm-up time.

Examples of Activities Subject to the UIL Marching Band Eight Hour Rule.

- Marching Band Rehearsal (Both Full Band and Components)
- Any Marching Band Group Instructional Activity
- Breaks
- Announcements
- Debriefing and Viewing Marching Band Videos
- Passing Off Marching Band Music
- Marching Band Sectionals (Both Director and Student Led)
- Clinics for The Marching Band or Any of its Components

The Following Activities Are Not Included in the Eight Hour Time Allotment:

- Travel Time to and From Rehearsals and/or Performances
- Rehearsal Set-Up Time
- Pep Rallies, Parades and Other Public Performances
- Instruction and Practice For Music Activities Other Than Marching Band And Its Components

NOTE: More information about Marching Band practice limitations can be found at:  
[www.uiltexas.org/music/marching-band](http://www.uiltexas.org/music/marching-band)

“We have read and understand the Eight-Hour Rule for Marching Band as stated above and agree to abide by these regulations.”

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

This form is to be kept on file by the local school district.