



The Union Pines Band

**MEDICAL RELEASE FORM
CONSENT OF PERMISSION**

This is to confirm that _____ has my permission to participate with the Union Pines Band as per their band schedule, and to participate in any and all activities in accordance with their schedule. You may keep up with the rehearsal and performance schedule via the Union Pines Band website at www.unionpinesband.org

This further confirms that I understand the rules and guidelines for the Union Pines students, which can be accessed on the school website, and realize that these rules and consequences will be in effect.

As the parent or legal guardian of the above named student, I hereby grant permission for treatment deemed necessary for a condition arising during participation in these activities as recommended by a medical doctor. I understand that every effort will be made to contact me/us prior to treatment. In the event that I cannot be reached I hereby designate Rob Hill (Director) to act on my behalf.

Print Name—Parent or Guardian _____

Signature—Parent or Guardian _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Other Phone #s _____

Insurance Carrier _____

Policy Number _____

Student SS# _____ (Optional, but usually makes treatment quicker)

Known conditions/allergies

Medication

Other necessary information: