

**2008-2009 FOOTHILL MARCHING BAND
EMERGENCY CONTACT / AUTHORIZATION CARD
(Please print clearly)**

Student Name _____

Birth date _____ GRADUATION YEAR: '12 '11 '10 '09 M / F

PARENT(S) / LEGAL GUARDIAN NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ PAGER _____

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT NUMBER _____

ALLERGIES (please list all) _____

MEDICATIONS TAKEN ON A REGULAR BASIS (please list all) _____

KNOWN ILLNESSES _____

INSURANCE CARRIER _____ GROUP NUMBER _____

FAMILY DOCTOR _____ PHONE NUMBER _____

FAMILY DENTIST _____ PHONE NUMBER _____

I (we) the undersigned parent, parents or legal guardian of the above named minor, do hereby authorize and consent to any medical care performed by the designated First Aid Band Chaperone of the Foothill Band or prescribed by a licensed doctor of medicine and emergency room staff or a Dentist licensed in the United States. I (we) understand that the designated First Aid Chaperone on Band trips, who has a certificate in First Aid/CPR, may or may not be a nurse or physician. It is understood that efforts shall be made to contact the undersigned prior to rendering treatment to the patient, but that treatment will not be withheld if the undersigned cannot be reached.

Parent/Legal Guardian Signature

Date

IMPORTANT!

THIS FORM NEEDS TO BE
COMPLETED AND RETURNED
BY WALK-THROUGH REGISTRATION ON
AUGUST 18th or 19th

You can turn in at the walk thru registration table or put in mail slot located in the Band Room.

IF YOU HAVE MORE THAN ONE STUDENT IN BAND,
PLEASE MAKE A COPY OF THIS FORM. WE NEED ONE
FORM FOR EACH BAND STUDENT.

PLEASE BE AWARE IF WE DO NOT RECEIVE THIS
COMPLETED FORM YOUR STUDENT WILL NOT BE ABLE
TO TRAVEL ON ANY BAND TRIPS. IT IS VERY
IMPORTANT THAT WE RECEIVE THIS INFORMATION BY
THE DEADLINE SO PROCESSING CAN BE COMPLETED!

OUR FIRST BAND TRIP IS ON AUGUST 28th!!

IF YOU SHOULD HAVE QUESTIONS ON COMPLETION OF
THIS FORM PLEASE CONTACT: Deborah Kilborn, First Aid
Chaperone at 925-425-9969 or DKilborn@msn.com