

**Fontainebleau High School Crimson Band  
Student Medical Information and Release Form**

Student name \_\_\_\_\_ Instrument \_\_\_\_\_ Grade \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State LA Zip \_\_\_\_\_

Home Phone# \_\_\_\_\_ *(replace parent with legal guardian info if applicable)*

Mother's Name \_\_\_\_\_ Mother's E-mail \_\_\_\_\_

Mother's Cell # \_\_\_\_\_ Mother's Work # \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's E-mail \_\_\_\_\_

Father's Cell # \_\_\_\_\_ Father's Work # \_\_\_\_\_

Emergency Contact *(in case a parent or legal guardian cannot be reached)*:

Name \_\_\_\_\_ Relation \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Work # \_\_\_\_\_ Other \_\_\_\_\_

Student's Personal Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

*Check any ALLERGIES and specify nature of REACTION:*

Pollen/Hay fever     Bee Stings     Medication ( \_\_\_\_\_ )

Food ( \_\_\_\_\_ )     Insects ( \_\_\_\_\_ )     Other( \_\_\_\_\_ )

Nature of reaction to any of the above: \_\_\_\_\_

Medication the student is currently taking: \_\_\_\_\_

Please list any medical conditions or restraints: \_\_\_\_\_

Additional information we should be aware of: \_\_\_\_\_

**Attach a copy of the FRONT and BACK of your insurance card.**

\_\_\_\_\_ is insured by the \_\_\_\_\_ Insurance Company.

*(Student's name)*

Policy Number \_\_\_\_\_

Last 4 digits of student's Social Security number \_\_\_\_ \_

I will keep this information updated and current, notifying the directors of any changes.

I give permission for \_\_\_\_\_ to attend and participate in all Fontainebleau  
(Student's name)  
High School band activities and trips from July 1, 2022 to June 30, 2023 inclusive. I release  
Fontainebleau High School, the Fontainebleau High School Band directors, sponsors and chaperones of  
all liability in connection with these activities and trips. I understand that St. Tammany Parish and  
Fontainebleau High School rules are in effect for all school sponsored events and any infraction of  
these rules will be handled by the administration.

Responsibility for \_\_\_\_\_'s actions is assumed by \_\_\_\_\_  
(Student's name) (Name of parent/guardian)  
and not by the faculty or staff of Fontainebleau High School.

\_\_\_\_\_ has my permission to participate in all physical activities with the  
(Student's name)  
band throughout the year including athletic activities such as swimming, sports, aerobics, etc.

In the event that \_\_\_\_\_ requires medical attention, I authorize Lee Hicks,  
(Student's name)  
the assistant director of bands, other staff, the sponsors, and/or the chaperones to act on my behalf in  
securing any medical attention or treatment deemed necessary during the period of July 1, 2022 to  
June 30, 2023. (Including giving the student over-the-counter medications such as Tylenol, Aleve, Pepto-  
Bismol, Imodium AD, Band-Aids, etc. when necessary).

I will be responsible for all medical expenses not covered by insurance and will not hold the band  
directors, any chaperones, Fontainebleau High School, or St. Tammany Parish Schools necessary for  
expenses.

**(DO NOT SIGN BELOW UNTIL IN FRONT OF A NOTARY. Form MUST be signed and notarized.)**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 2022.

\_\_\_\_\_  
Notary Public