

# STEVENSON HIGH SCHOOL MARCHING SPARTANS

## MEDICAL FORM

BAND CAMP 2020: August 12-14 (PreCamp)  
August 17-21 (Stevenson HS)  
Thursday, September 3, 7 p.m. HOME GAME

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

Male

Female

Home Phone: (\_\_\_\_) \_\_\_\_\_

GRADE (FALL 2020): FR SO JR SR

MARCHING INSTRUMENT (OR COLOR GUARD): \_\_\_\_\_

Parent Name: (1<sup>st</sup> to contact) \_\_\_\_\_

(2<sup>nd</sup> to contact): \_\_\_\_\_

Cell: \_\_\_\_\_

Cell: \_\_\_\_\_

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

### EMERGENCY INFORMATION

Two alternative people who might be called in an emergency.

Emergency Contact 1: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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

### INSURANCE

Insurance Company \_\_\_\_\_

Name of primary insurance holder: \_\_\_\_\_

Policy/Membership # \_\_\_\_\_

Group # \_\_\_\_\_

**MEDICAL ALERT:** (List ANY medical conditions or health-related issues to which staff /chaperones should be made aware.)

KNOWN ALLERGIES (include any allergies to medications):

**MEDICATIONS:**

**SELF CARRY/SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL**

Self-carry/self-administration of medication (including emergency medication) may be authorized by a parent/guardian.

Sign below for parent authorization for self-carry/self-administration of medication

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

I give permission for \_\_\_\_\_ to receive medical treatment in the event of illness or injury. A parent/guardian will be consulted prior to any medical treatment more serious than first aid.

In the event that injury or illness needs immediate attention and none of the above persons can be contacted, I hereby authorize the chaperones to arrange transportation to the NEAREST HOSPITAL which may render emergency treatment. I will be responsible for charges incurred for my child.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

**PERMISSION TO ATTEND BAND CAMP**

\_\_\_\_\_ has my permission to attend the Stevenson High School Marching Band Camp from Monday, August 17, 2020 through Friday, August 21, 2020 and all pre-camp practices and activities. I understand that Stevenson High School and the camp chaperones will not be held responsible for accidents or injuries. I also authorize the music booster board and student section leaders to contact myself or student by phone or email.

\_\_\_\_\_ Date

\_\_\_\_\_ Parent or Guardian Signature

**STUDENT AGREEMENT**

I have read the rules and regulations for band camp and agree to follow them as required. I understand that breaking the rules will result in my calling my parents/guardians to explain and to pick me up from camp immediately.

\_\_\_\_\_ Date

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

SUBMIT FORMS TO: Livonia Stevenson Music Boosters  
P.O. Box 531081  
Livonia, MI 48153  
hwickman@livoniapublicschools.org  
School 734-744-2660 Voicemail 70557

**ONLINE REGISTRATION, FORMS, AND \$50 DEPOSIT due by August 3, 2020**

Student Name \_\_\_\_\_

Year of Graduation \_\_\_\_\_

## LIVONIA PUBLIC SCHOOLS STUDENT WEBSITE/MEDIA AUTHORIZATION

Dear Parents or Legal Guardians:

Livonia Public Schools is continually using all media available to showcase the educational opportunities available to students.

Therefore, we/I, \_\_\_\_\_ as the parent(s) or legal guardian(s) of  
(Print First and Last Name)  
\_\_\_\_\_ hereby authorize and permit the use of media, such as district  
(Print Student's Name)  
publications, cable, web, etc., to distribute individual or student images (visual/audio). When publication is on the Internet, **identification will be by first name only.**

We/I authorize such disclosure for purposes of providing information regarding the Livonia Public Schools' programs or activities, unless specified below.

**Check any exclusion that applies:**

- Student's first name (Last names not used on the Internet)
- Student's work *(including ensemble performances – if this box is checked, your child will not be able to participate as all performances are video and/or audio recorded.)*
- Student's image as an individual
- Student's image as part of a group *(If this box is checked your child will not be included in the marching band photo which is printed in the yearbook, fall sports program, or competition programs.)*
- Other: \_\_\_\_\_

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

\_\_\_\_\_  
Print Name Date

Please retain a copy for your records. Please contact your student's school office if you wish to make changes.