

**Alpharetta High School Raider Band  
Emergency Contact and Liability Form  
2019-20**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Parent Name: \_\_\_\_\_ Parent Phone Number: \_\_\_\_\_

In case of emergency, in the event that the parent above *cannot* be reached, please contact the following:

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

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

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

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

**Insurance Information: (Every band member *must* have medical coverage through an individual policy or purchased through Fulton County School System).**

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

OR: Indicate School Insurance Purchased: \_\_\_\_\_

Medical Information:

Please list any known allergies: \_\_\_\_\_

Please list ongoing medical conditions and current medications: \_\_\_\_\_

In the event of a minor injury or discomfort, I give permission for the camp nurses to treat the student as needed. • If the parent/guardian/other (listed above) cannot be reached in the event of a medical emergency, I do give consent for the school to obtain emergency transportation to the hospital of its choice and such medical care as is reasonably necessary for the welfare of the student if he/she is injured in the course of participation in interscholastic activities.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the Student named above. I also grant to the right to edit, use, and reuse said products for nonprofit purposes including use in print, on the internet, and all other forms of media.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

I **give permission** for my child to participate in **swimming** and **pool** activities while attending Alpharetta HS Band Camp from July 22-26 2019 .

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_