

**EMERGENCY MEDICAL INFORMATION & PERMISSION FORM 2018-2019**

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(Student's Last Name) (First Name) (Middle Name)

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(Grade) (Birth date) (Instrument or Section)

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(Student's Home Address) (City, Zip) (Home Phone) (Email address)

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(Father/Guardian Name) (Place of Business/Work) (Work Phone) (Email address)

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(Mother/Guardian Name) (Place of Business/Work) (Work Phone) (Email address)

**IN CASE OF ILLNESS OR EMERGENCY, THE FOLLOWING PERSON MAY BE CONTACTED IF THE PARENTS/GUARDIANS CANNOT BE LOCATED:**

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(Name of Friend/Neighbor) (Phone Number) (Relationship to Student)

List any Medications that your son/daughter will need to take: \_\_\_\_\_

List any health problems regarding your son/daughter that we need to be aware of: \_\_\_\_\_

Is your son/daughter under any medical treatment presently? yes no. If yes, please list reason: \_\_\_\_\_

I, \_\_\_\_\_, the parent of \_\_\_\_\_,

have insurance coverage, which will accept responsibility should an accident or health problem arise.

Insurance Information (Company): \_\_\_\_\_ Policy #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

**RELEASE FORM**

I understand that there will be adequate adult supervision on all outings involving the Mount Pleasant Band. In the event that my child suffers any illness or accident requiring emergency medical aid, I hereby authorize Mr. Tulbert, or his designee, to acquire any necessary medical treatment for my child, understanding that Mr. Tulbert, or his designee, will contact me at the earliest possible moment. I also give permission for my child to travel with the band. By signing, I attest that I will not hold Mr. Tulbert, Mount Pleasant High School, Cabarrus County Schools, or any Chaperones responsible for any accidents.

**This digital signature will serve as my acknowledgement of my understanding of the information listed above and will allow Mr. Tulbert or his designee to seek medical assistance for my child should a time for such assistance ever occur.**

**Parent Signature:** \_\_\_\_\_

**Date** \_\_\_\_\_

**Mount Pleasant High School Band Permission for Field Trips 2018-2019**

Date: July 31, 2018

Dear Parents/Guardians:

In order for your son/daughter to be allowed to participate in off-campus, we must have the following agreement signed by a parent/guardian giving permission. This permission form is blanket permission for the entire 2018-2019 school year.

Sincerely,

\_\_\_\_\_, Band Director

Destination: All Football Games (home and away), Competitions, and Parades

Mode of travel: Activity Bus or Chartered Bus

This is to certify that I/we the parent/parents/guardian of (name of student) \_\_\_\_\_ do hereby grant permission for him/her to attend all football games (home and away) and all parades and understand that all CCS, MPHS and Mount Pleasant Band rules and policies apply.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mount Pleasant Band Attendance and Schedule Acknowledgement Form 2018-2019**

We, the parent(s)/guardian of \_\_\_\_\_ have carefully reviewed the Mount Pleasant Band Attendance Policy and the Mount Pleasant Band Schedule for 2018-2019. We have marked our personal calendar and we have cleared all rehearsal and performance dates with our child’s employer or faculty advisors for additional activities. We have no date conflicts.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mount Pleasant Band Member Pledge 2018-2019**

As a member of the Mount Pleasant Band, I understand that is a privilege that requires commitment and carries with it responsibilities. I have read and understand the expectations for all Mount Pleasant. As a member of this ensemble, I understand that I personally contribute to the overall success of the ensemble. As such, I will abide by the following terms of this contract:

- I will behave in a way that will bring respect to me, my teachers, my instructors and my school.
- I will not use foul language or inappropriate gestures, or bully other students.
- I will learn and follow the disciplinary components required of a strong and meaningful musical performance.
- I will learn and apply all technique as it pertains to musical performance, marching, and ensemble effect.
- I will listen to and respect the decisions of all administrators, teachers, instructors, and adjudicators.
- I will never use the band program as an excuse for not completing an assignment for another class.
- I will behave in a respectful manner in all of my classes, both music related, and non-music related.
- I will always give 100% to every rehearsal, run-through, and performance and demonstrate esprit de corps at all times.

Signature of MP Band Member \_\_\_\_\_ Date \_\_\_\_\_

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