

# SUPERCHIEF BAND REGISTRATION FORM 2018-2019

## SECTION I - STUDENT INFORMATION: (Print or Type)

(Student's Full Name)	(Home Telephone)	__/__/____ (Date of Birth)
(Street Address)		__ male __ female
(Middle School Attended)	(Year of H.S. Graduation)	

## SECTION II - PARENT INFORMATION:

(Father's Name)	(Cell Phone)	(Business Phone)
(Mother's Name)	(Cell Phone)	(Business Phone)
(Father's Occupation)	(Mother's Occupation)	

**Parent Email (please print clearly):** \_\_\_\_\_  
**(This is important for communication!!)**

Emergency Contact (Print Name): \_\_\_\_\_

Emergency Contact's Phone/Cell: \_\_\_\_\_

Secondary Emergency Contact (Print Name): \_\_\_\_\_

Secondary Emergency Contact's Phone/Cell: \_\_\_\_\_

## SECTION III - MEDICAL CONCERNS:

Restrictions on Activity: \_\_\_\_\_

Special Diet: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_

Any medical condition or recent surgery that should be known to the Medical or Band Staff

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A nurse will be accompanying some or all the band activities. Other medical personnel may not be immediately available should there be an emergency. Please take this into consideration as you complete this permission form. Check the appropriate areas

- My child does not need to take medication while on an activity.
- My child is allowed to carry his/her inhaler while on an activity.
- My child is allowed to carry and to use if necessary his/her EpiPen while on an activity
- My child has diabetes and is allowed to carry insulin and glucagon.
- Because of the medical status of my child, I wish to accompany him/her on activities.

**This next item must be checked**

I have instructed my son/daughter to take **no** medication from any other student.

**SECTION IV - INSURANCE INFORMATION**

All medication must also have your healthcare provider note.  
**Note:** Immunization records provided by The Piscataway

School System will be attached to this form.

Name of insurance Company: \_\_\_\_\_

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

Family Healthcare Provider: \_\_\_\_\_

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

Date of Most Recent DTP/Tetanus Booster \_\_\_\_\_

**SECTION VI - PARENTAL PERMISSION:**

I hereby give my consent for \_\_\_\_\_ to participate in the activities and trips of any or all  
(Student's Name)

of the Piscataway High School instrumental groups and to participate in any trips taken by these groups during the 2018-2019 school year. I agree to assume all responsibility in case of personal injury to my child while participating in any of these activities, and will not hold the Board of Education, school employees, or parent chaperones liable.

I also give my child permission to attend and take part in the activities of band camp. I agree to the terms of the medical, standing orders and exception to activities. I shall be consulted immediately or the emergency contacts listed on page one. If neither the designated individual nor I are available, I hereby authorize the Medical Personnel or the Band Directors to take whatever measures they deem necessary.

I have read all the distributed information regarding the high school Instrumental Music program, including the Superchief Membership Guide, and agree to abide by the rules and regulations as stated in the guide pertaining to my child's responsibilities to the Superchief organization.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent Signature)

**SECTION VII – STUDENT SECTION**

I have read all the distributed information regarding the high school Instrumental Music program, including the Superchief Membership Guide, and agree to abide by the rules and regulations as stated in the guide pertaining to my responsibilities to the Superchief organization.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Student Signature)

**All forms must be submitted in person at the high school on the following dates**  
**July 10<sup>th</sup> 7:00-8:30pm**  
**July 17<sup>th</sup> 7:00-8:30pm**  
**July 24<sup>th</sup> 7:00-8:30pm**