

**OLYMPIC HIGH SCHOOL BAND  
2014-2015 SCHOOL YEAR  
James Smallwood, Director  
PERMISSION SHEET**

**THIS FORM MUST BE  
NOTARIZED**

I/We, \_\_\_\_\_, parents/guardians of

\_\_\_\_\_, heretofore referred to as "child" give my/our permission and authorization to Mr. James Smallwood, Director of the Olympic High School Band, and/or any of the designated chaperones or other band directors on any band trip for the 2012 – 2013 (including attending all necessary off-campus trips for band performances and obligations) school year to sign for or in any way approve the administration of any medical or dental care my/our child may require as a result of any emergency situation arising during a band trip, and release and discharge said James Smallwood, and any of the chaperones, other band directors, or band staff from any and all claims, demands or damages, actions, or cause of actions, on account of any and all injuries sustained by my/our child during any band trip. Olympic High School and Charlotte-Mecklenburg Schools will provide all travel.

I have read the Olympic Marching Band Information, and understand and agree to:

- Fee Payments on Scheduled Dates
- Participation in Band Camp
- Participation in Mandatory Band Fundraisers
- Practice and Competition Schedule (unless discussed with director)

Dated in Mecklenburg County, North Carolina this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_  
Parent / Legal Guardian (print name)

\_\_\_\_\_  
Parent / Legal Guardian (signature)

State of North Carolina, County of \_\_\_\_\_

The foregoing was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_,

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

My Commission expires: \_\_\_\_\_

**OLYMPIC HIGH SCHOOL BAND – 2014-2015**

**James Smallwood, Director**

**Student Health History:**

Student's Full Name \_\_\_\_\_ SS# \_\_\_\_\_

Sex: **M** **F** Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Present Address \_\_\_\_\_ Zip \_\_\_\_\_

Parent or Legal Guardian \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail \_\_\_\_\_

Closest Relative (not living with you) \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Holder \_\_\_\_\_

Policy # \_\_\_\_\_ ID # \_\_\_\_\_ Group# \_\_\_\_\_

**Medical History (Give dates when known)**

OPERATIONS \_\_\_\_\_

EMOTIONAL PROBLEMS (depression, hyperventilation) \_\_\_\_\_

SERIOUS MEDICAL CONDITIONS \_\_\_\_\_

MEDICATIONS TAKEN \_\_\_\_\_

ALLERGIES \_\_\_\_\_

HEALTH PROBLEMS IN THE PAST \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

I, the undersigned, authorize the use of "over the counter" medications such as Tylenol, PeptoBismol, Ointments, Advil, Calamine, etc.

\_\_\_\_\_  
Parent/Legal Guardian Date

This is my permission for the treatment of student by a physician and at a hospital for any medical or surgical emergency.

\_\_\_\_\_  
Parent/Legal Guardian Date