

DO NOT STAPLE

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Fauquier High School Bands & Orchestras

705 Waterloo Road
School: 540-422-7300
Andrew Paul, Director

Warrenton, VA 20186
Fax: 540-422-7325
Clarence Burton, III, Principal

STUDENT PERMISSION AND HEALTH FORM

I hereby grant permission for _____ to
(STUDENT - PLEASE PRINT)

attend any and all contests, parades, and other trips associated with being a band or orchestra member at Fauquier High School during the 2016 - 2017 school year.

Signature of Parent / Guardian _____

EMERGENCY PERMISSION

Student Full Name _____ Birth Date _____

Address _____ Home Phone _____

City _____, Virginia Zip _____

Mother's Name _____ Place of Employment _____

Mother's Business Phone _____ Cell _____

Father's Name _____ Place of Employment _____

Father's Business Phone _____ Cell _____

Emergency Contact Person _____ Phone _____

(NOT A PARENT / LEGAL GUARDIAN!!!! - USE GRANDPARENT, AUNT, TRUSTED NEIGHBOR, ETC.)

Allergies or conditions school/physician should be made aware of: _____

I give prior permission for emergency treatment for my child by a hospital emergency room doctor.

Parent/Guardian _____ Date _____

In case of an emergency and you cannot be contacted, does school personnel have your permission to send your child to a doctor and/or hospital at your expense?

Yes _____ No _____

***Place any insurance information on a separate sheet of FULL SIZE paper if insurance company should be contacted by Emergency Room. All information will remain confidential and only used by ER staff. If you choose, make a photocopy of insurance card and include with this form.

DO NOT WRITE ANYTHING ON BACK. USE A SEPARATE SHEET OF FULL SIZE PAPER. DO NOT STAPLE ANYTHING TO THIS FORM - PAPER CLIP ONLY. PLEASE INCLUDE STUDENT'S FULL NAME AT THE TOP OF ANY SEPARATE SHEETS. THIS IS EXTREMELY IMPORTANT!!!