

**TOWNSHIP HIGH SCHOOL DISTRICT 214
PARENT PERMISSION & MEDICAL RELEASE FORM 2016-2017**

THIS FORM **MUST** BE RETURNED BEFORE BAND CAMP BEGINS (June 13th)

Mail to:

**Prospect Band Boosters
Attn: Permission Forms
Theresa Piotrowski
201 S. We Go Trail
Mount Prospect, IL 60056**

Scan and email to:

**Theresa Piotrowski
pmkcsecretary@gmail.com**

Drop off:

Box in band room

Class/Program: Band

Sponsor: Mr. Chris Barnum

I give (student name) _____ ID# _____
permission to participate in the following events:

Tentative Competitions/Band Trips

June 13-June 30, 2016	Summer Band session 1
June 25, 2016	Car Wash Fund Raiser
July 4, 2016	4 th of July parades
August 8-August 19, 2016	Summer Band session 2
September 10, 2016	Lake Park Lancer Joust, Roselle, IL
September 17, 2016	Chicagoland Marching Band Festival, Wheeling, IL
September 23-24, 2016	Bands of America Regional, Welcome Stadium, Dayton, OH
October 1, 2016	Knight of Champions Competition at Prospect H.S.
October 6, 2016	Lincoln Middle School Performance
October 15, 2016	University of Illinois Competition, Champaign, IL
October 22, 2016	Illinois State University Invitational, Bloomington, IL
February 15, 2017	Symphonic Band Festival at Rolling Meadows H.S.
February 28, 2017	District 214 Honors Music Festival at FVEC
March 15, 2017	Concert Band Festival at Rolling Meadows H.S.
April 8, 2017	Chicagoland Band Festival at John Hersey H.S.
May 6, 2017 (if selected)	University of Illinois Superstate Concert Band Festival
May 29, 2017	Mount Prospect Memorial Day Parade

Other music activities as determined by Mr. Barnum and District 214.

Arrangements will be made by the sponsor.

As a parent/guardian, I authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency, which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Please proceed to page 2 (signature required)



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Name of Minor _____ Relationship _____

Address _____ City _____ Zip _____

Family Physician _____ Phone _____

Specific medical allergies, chronic illnesses, or other conditions _____

Dietary restrictions or food allergies (i.e. vegetarian, gluten free, etc.) _____

Medication student is taking at this time _____

Date of last tetanus shot _____ Insurance Company _____ Group # _____

Mother/Guardian _____ e-mail _____

Phone (H) _____ Phone (W) _____ Phone (cell) _____

Father/Guardian _____ e-mail _____

Phone (H) _____ Phone (W) _____ Phone (cell) _____

Other contact in case of emergency: Name _____

Phone _____ Relationship to student _____

Please note: Students needing any prescription medication while on a band trip must give it to a chaperone at the start of the trip.

As a parent/guardian of a band student, I understand that all band students are subject to provisions as described in the District 214 Co-Curricular Code. A copy of this code is printed in the Student Handbook and/or is available in the Student Activities Office.

This permission and medical release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signature of Parent/Guardian _____ Date _____