

**NORTH CAROLINA BANDMASTERS ASSOCIATION  
NORTHWEST DISTRICT CLINIC BAND  
MEDICAL RELEASE FORM/BEHAVIOR CONTRACT**

*All information provided will be on file with the clinic chair and remain confidential.*

Student's Name \_\_\_\_\_  
(last) (first) (middle)

Student's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SCHOOL NAME OF THE PARTICIPATING STUDENT \_\_\_\_\_

BAND DIRECTOR'S NAME \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

*If parents are not legal guardians, guardian's name and address:*

\_\_\_\_\_

Father's Home Phone \_\_\_\_\_ Work or Cell Phone \_\_\_\_\_

Mother's Home Phone \_\_\_\_\_ Work or Cell Phone \_\_\_\_\_

**INSURANCE/EMERGENCY INFORMATION**

Under whose insurance is the student covered?

Father?                  Mother?                  Both?                  School?

Name of Insurance Company \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_

Agent's Name \_\_\_\_\_

Agent's Address \_\_\_\_\_

*List two people to notify of in an emergency if parent/guardian cannot be reached:*

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation to Student \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation to Student \_\_\_\_\_

*Please provide the following information or circle all that apply:*

**ALLERGIES**

Food \_\_\_\_\_

Medication:      Penicillin \_\_\_\_\_ Sulfa \_\_\_\_\_

Other \_\_\_\_\_

### Conditions (Circle all that apply)

Epilepsy	Rheumatic Fever	Asthma	Dizziness/Fainting
Eyes	Ears	Nose	Throat
Hay Fever	Diabetes	Stomach	Heart Palpitation
Jaundice/Hepatitis	Kidney/Urinary Problems	Depression/Behavior	Knees/Legs/Walking

Special Notes Concerning Conditions:

\_\_\_\_\_

Date of last Tetanus Shot \_\_\_\_\_

Does student take medication on a regular basis? **Y** or **N**

If yes, list medication and dosage \_\_\_\_\_

Family Physician \_\_\_\_\_

Office Address \_\_\_\_\_

Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

*Over-the-counter medications that I DO NOT wish to be administered to my child are:*

\_\_\_\_\_

#### NORTHWEST DISTRICT BAND CLINIC BEHAVIOR CONTRACT

This contract concerns student behavior while attending the Northwest District Band Clinic at Lenoir Rhyne University/SALT Block Auditorium/Hickory High School. The student, parent and director will review and sign this contract. All obligations to the clinic must be met for this important weekend.

- Students are required to attend each rehearsal in its entirety. Students may not leave early or arrive late for any scheduled rehearsals. If a student misses any part of a rehearsal they may be prevented from further participation in the clinic rehearsal and/or the clinic concert.
- Students should be on their best behavior during rehearsals. No talking, cell phone use, or reading should occur while a rehearsal is in progress. The use of electronic devices is prohibited inside the rehearsal rooms and concert halls. The clinician's job is to prepare the best musicians in the Northwest District for a performance, not to deal with disruptive student behavior.
- Students should not eat during a rehearsal. If a student needs to have a snack for medical reasons, please let the clinic chairman know in advance.
- Students should have their materials assembled and be ready to play prior to the beginning of each rehearsal.
- Students should not leave the immediate area of their rehearsal location (Lenoir Rhyne University, SALT Block Auditorium, Hickory High School, Grace Chapel)
- Student questions about the schedule, missing music, etc., should be directed to a district band director, or the Clinic Band Representative.
- All rules and policies from each individual school should be followed during this weekend. This also includes policies concerning smoking, vaping, drug use, possession of weapons, and hazing. Students will be dismissed from the clinic for any major rule violation.

***As parent/guardian of the named student/child, I hereby give permission to the supervising teacher to request usual and customary medical/safety services for my son/daughter if needed on this trip. It is understood that I will be responsible for all costs not covered by my insurance. I relieve the Northwest District Bandmaster's Association, the North Carolina Bandmaster's Association, Lenoir Rhyne University and anyone acting on their behalf, of any liability concerning my child while he/she is participating in this clinic.***

***As a participating student I have read and agree to abide by the behavior contract for the Northwest District Clinic Band.***

***As a participating director/principal appointed representative (aforementioned as "supervising teacher") I have read the behavior contract for the Northwest District Band Clinic and agree to insure that my students will comply with this contract.***

Signature of Participating Student \_\_\_\_\_ Date \_\_\_\_\_

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

Signature of Band Director/ \_\_\_\_\_ Date \_\_\_\_\_  
(Supervising Teacher/principal appointed representative)

**This form MUST be signed and returned at the Clinic Band registration table.  
Students will not be allowed to participate in the Clinic Band until this form is submitted.**