



South Granville Band Parent Association

701 N. Crescent Drive, Creedmoor, NC 27522, Phone 919-528-5533 Fax 919-528-7052

Band Student Demographic and Medical Form

Section: Brass: _____ Woodwinds: _____ Percussion: _____ Color Guard: _____
Instrument: _____ Owned: _____ School's: _____

Student's Name: _____

Address/City/State/Zip _____

Home Phone: _____ Students email: _____

Student's Cell Phone: _____ Student's School ID# _____

Birthdate: _____ Age: _____ Gender: _____ Grade _____

Student lives with: Both Parents _____ Dad only _____ Mom only _____ Legal Guardian _____ Other _____

(explain) _____

Father/Guardian:

Name: _____

Address/City/State/Zip _____

Home Phone: _____ Work Phone: _____

Cell: _____ Email Address: _____

Mother/Guardian:

Name: _____

Address/City/State/Zip _____

Home Phone: _____ Work Phone: _____

Cell: _____ Email Address: _____

Persons to contact in Case of an Emergency, other than Parents/Guardian

1. Name: _____ Relationship: _____

Home phone: _____ Cell phone: _____

2. Name: _____ Relationship: _____

Home phone: _____ Cell phone: _____

Health or Accident Insurance

Insurance Company Name: _____

Group Number _____ Policy Number _____

Name of Parent Carrying Insurance on Student: _____

****Attach a copy of your insurance card to this form***



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Band Student Demographic and Medical Form

Family Physician

Name: _____

Street Address _____

City _____ State _____ Zip _____ Phone: _____

Date of Last Physical Exam: _____ *should be within the last 13 month.*

In case of illness or injury, may this student take one dose of Ibuprofen or Acetaminophen?

Please write Yes or No

Ibuprofen 200mg _____

Acetaminophen 500mg _____

Please list any allergies your student has (food, medicine, seasonal, or other) _____

What is the reaction?

Does the student take any medications for these allergies?

Yes () No ()

Does the student suffer reactions to insect stings? Yes () No ()

Does the student require an epipen? Yes () No ()

Explain _____

If your child does use an epipen, will they have it on them during their time with the band, at school, during camp, at competitions, and other related band events? _____

Chronic or Recurring Illnesses

- () ADD/ADHD
- () Anemia
- () Asthma; requires an inhaler? Yes () No () *inhaler* _____
- () Anxiety/Stress
- () Bleeding Disorder
- () Diabetes; Requires Insulin? Yes () No ()
- () Emotional Disturbances
- () Epilepsy; Requires Medication? Yes () No ()
- () Fainting
- () Headaches
- () Heart Disease (Specify) _____
- () Hepatitis
- () Kidney Disease (Specify) _____
- () Learning difficulty
- () Lung Disease (Specify) _____
- () Motion Sickness (in vehicles, etc.)
- () Muscular Disease (Specify) _____
- () Nose Bleeds
- () Shortness of Breath
- () Sickle Cell Anemia
- () Is there anything else needed to know medically about your student during Marching Band season? _____

My child, _____, has my permission to participate in all South Granville Band activities and trips; both in and out of the Granville County and the State of North Carolina. All such trips and/or activities are fully approved by the South Granville High School and Granville County Public School Administrations, and are subject to such policies and regulations as are currently in use by the school and the Granville County Schools administrative unit. The health history I have provided for this person is correct to the best of my knowledge. I know of no reason(s), other than the information on this form, why my child should not participate in band activities. I agree to the following:

Insurance Coverage: Parents agree to either carry SGHS "school insurance" or have the student covered by another insurance policy at all times during their participation period.

Liability: In case of accident, illness, or injury, the parent will not hold responsible the Granville County Public School System, its employees including the South Granville High School administration, the South Granville High School Band Director, South Granville Band Parents Association employees or volunteers, or the South Granville Band Parents Association for circumstances beyond their control.

Emergency Authorization: I hereby give permission to the medical personnel selected by the Granville County Employee and parent in charge to order x-rays, routine tests, and treatment for my child in the event I cannot be reached in an emergency. This form has been filled out to the best of my knowledge.

Signature of Parent or Guardian

Today's Date