



Port Chester High School Marching Band

Band & Color Guard Permission Slip & Health Information

DATE: _____ STUDENT'S FULL NAME: _____

I give my son/daughter permission to participate and travel with the Port Chester High School Marching Band for all scheduled events and activities. I understand that my son/daughter must follow the rules detailed in both the High School student handbook and the Band handbook regarding all of these activities.

I also give permission to the director, his assistants, or the chaperone in charge to authorize emergency medical treatment for my son/daughter, if needed. I understand that I will be notified as soon as possible of such an occurrence.

PARENT SIGNATURE: _____

PLEASE LIST AN ADULT, OTHER THAN A PARENT, WHO CAN BE CONTACTED
IN THE EVENT OF AN EMERGENCY:

NAME: _____ PHONE: _____

CONFIDENTIAL

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Student's Date of Birth: _____

Student's Physician: _____ Physician's Phone: _____

PLEASE CHECK ANY THAT MAY APPLY:

- | | |
|---------------------|------------------------|
| Pneumonia _____ | Rheumatic Fever _____ |
| Asthma _____ | Vision Loss _____ |
| Diabetes _____ | Speech Problem _____ |
| Epilepsy _____ | Allergies _____ |
| Heart Problem _____ | Surgeries _____ |
| Hearing Loss _____ | Serious Injuries _____ |
| Fractures _____ | |
| Other _____ | |

Parents' Health Insurance Information:

None: _____

Insurance Carrier: _____ Policy #: _____

Address: _____ Phone: _____

PLEASE LIST AN ADULT, OTHER THAN A PARENT, WHO CAN BE CONTACTED
IN THE EVENT OF AN EMERGENCY:

NAME: _____ PHONE: _____

ELIGIBILITY FOR EXTRACURRICULAR AND CO-CURRICULAR ACTIVITIES EXHIBIT

Eligibility Requirements for Student Participation in Extracurricular and Co-Curricular Activities

From: _____
Activity Advisor/Coach

Activity

To: Parent/Guardian of a student participating in an extracurricular activity/athletics program

District students who participate in extracurricular activities are expected to conform to standards which meet or exceed the requirements of the general District Code of Conduct. The following guidelines must be read and signed by all student participants and their parent/guardian and returned to the activity advisor/coach named above:

I. Academic Standards

Students must comply with the academic and behavioral guideline stated in the Student handbook, "Eligibility for Co-Curricular and Extracurricular Activities."

II. Behavior Standards/Code of Conduct

1. The student agrees to abide by the District-wide Code of Conduct and understands that a violation of the Code may result in suspension from the above-named activity in addition to any penalty given by the District.
2. The student agrees to refrain from the use, possession, or sale of alcohol, drugs, and/or tobacco products, on or off campus.
3. The student agrees to abide by any further conditions imposed by the activity advisor/coach during the time that he/she participates in the above-named activity.

III. Participation/Training Standards

Certain activities require a minimum level of participation/training, as established by the activity advisor/coach. The student agrees to the conditions outlined below or on a separate sheet and realizes the failure to maintain this minimum level of participation may result in suspension from the activity:

Minimum required attendance at meetings/practices _____
Other requirements (see attached sheet):

I have read and agree to abide by the standards outlined above:

Student

Date

Student's Parent/Guardian

Date