

**SOA HIGH SCHOOL BAND CAMP
PERMISSION FORM AND MEDICAL RELEASE**

The following information must be completed by the student's parent or guardian and returned to Mr. Kerr by no later than the first day of Band Camp. Please print legibly, provide all pertinent information and sign where indicated below.

My Child, _____ has my permission to participate in all scheduled activities associated with the Charleston County School of the Arts Band. We have read and agree to abide by the requirements set forth in the SOA Band Handbook as well as all CCSD and SOA-specific school rules and regulations while participating in this organization. I understand that reasonable and adequate precautions will be taken to ensure my child's safety while participating in this organization.

Parent/Guardian Signature	Date	Student Signature	Date
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HEALTH RELATED INFORMATION (please print legibly)

Student's Name: _____ Grade: _____ Instrument: _____

Address: _____

Home Phone: _____ Work: _____ Mobile: _____

In case of emergency, notify: _____ or _____

Emergency Phone Numbers: _____

Please list any medical condition we should be aware of, including allergies, asthma, etc.:

Is this student currently taking medication? If yes, describe: _____

Are there any dietary restrictions? _____

ACCIDENT INSURANCE INFORMATION: (All students participating in Band must have insurance)

Check and complete as applicable:

- My child is covered by my personal health insurance policy
Name of Ins. Provider: _____ Policy No: _____
Policy Holder's Name: _____ Coverage Dates: _____
- My child is covered by military insurance (student must carry their dependent card)
- My child is covered under Medicaid
- My child has student insurance through CCSD (if you wish to have this insurance, contact the school or district office)

Please attach a clear photocopy of your insurance card. If you are unable to have a copy made, send the card with your child and we will copy it for you. **Your child CANNOT participate without this information.**