

## 2018 MusicAlliance Jazz Honor Band Permission and Medical Form

Student Name: \_\_\_\_\_

Instrument: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Known Allergies: \_\_\_\_\_

Known Medical Conditions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Will the child need to take this medication during rehearsal hours? \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

I, \_\_\_\_\_ Parent/Guardian of \_\_\_\_\_ hereby give my permission for my above-named child to participate in the 2018 MusicAlliance Jazz Honor Band. I hereby give my permission to Franklin Adams, Kevin Bell, Debra Blechman, David Littman, Thomas Trost, and Jason Werden to seek emergency treatment for my child in the event that it is deemed necessary and I cannot be reached at the numbers listed above, and I agree to hold blameless Franklin Adams, Debra Blechman, Kevin Bell, David Littman, Thomas Trost, Jason Werden, MusicAlliance Inc (including it's directors, administrators, employees, guest clinicians, and volunteers), and Lakeland Community College in the event of injury or illness. I also hereby give permission to MusicAlliance to use anonymous (without my child's name or school name being listed) group photos/videos taken of my child while in attendance at the Jazz Honor Band rehearsals and concert performance on the MusicAlliance website, MusicAlliance Facebook page, and/or in promotional materials for the purposes of illustrating and promoting the activities associated with the MusicAlliance Honor Band program.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BRING THIS COMPLETED FORM TO THE FIRST REHEARSAL ON FEBRUARY 3RD  
ALONG WITH THE \$95 INSTRUCTIONAL FEE (PAYABLE TO MUSICALLIANCE)**