

2017 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 2017 MusicAlliance Jazz Honor Band. I hereby give my permission to Franklin Adams, Kevin Bell, 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), Lakeland Community College, and St. John of the Cross parish 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 11TH
ALONG WITH THE \$85 INSTRUCTIONAL FEE (PAYABLE TO MUSICALLIANCE)**