

**REBEL REGIMENT STUDENT/PARENT INFORMATION FORM- Due March 15<sup>th</sup>**

**Student** Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Grade Level for 2019-2020 school year \_\_\_\_\_ Instrument \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City Zip Code

Home Phone \_\_\_\_\_ Students Date of Birth \_\_\_\_\_ Gender **M** **F**  
(Land Line ONLY)

**Student** Cell \_\_\_\_\_ Cell Provider (Verizon, AT&T, etc.) \_\_\_\_\_

**Student** Email \_\_\_\_\_ Student T-Shirt Size \_\_\_\_\_

**Parent/Guardian #1** \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
First Name Last Name

Cell Phone \_\_\_\_\_ Cell Provider (Verizon, AT&T, etc.) \_\_\_\_\_

**Parent/Guardian #1** Email \_\_\_\_\_

Home Address \_\_\_\_\_  
(If Different) Street City Zip Code

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

**Parent/Guardian #2** \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
First Name Last Name

Cell Phone \_\_\_\_\_ Cell Provider (Verizon, AT&T, etc.) \_\_\_\_\_

**Parent/Guardian #2** Email \_\_\_\_\_

Home Address \_\_\_\_\_  
(If Different) Street City Zip Code

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

\_\_\_\_\_ Please check here if you DO NOT want to be on the text message reminder list for band events. Your cell numbers will be kept confidential and only utilized for band news/info. If this is not checked, you will be automatically added to the list.

# SPARTANBURG DISTRICT FIVE STUDENT HEALTH FORM- Due March 15<sup>th</sup>

All information on this form will be kept strictly confidential

STUDENT NAME \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

FAMILY DENTIST \_\_\_\_\_ PHONE \_\_\_\_\_

## **EMERGENCY CONTACTS: IF A PARENT/GUARDIAN CANNOT BE REACHED, CONTACT IN THE FOLLOWING ORDER:**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## **STUDENT HEALTH HISTORY**

**FOOD ALLERGIES** \_\_\_\_\_

**DRUG ALLERGIES** \_\_\_\_\_

**ENVIRONMENTAL/SEASONAL ALLERGIES** \_\_\_\_\_

## **STUDENT PRESCRIPTION MEDICATION LIST: (List all medications student is currently taking at home and/or school)**

MEDICATION \_\_\_\_\_ DOSE & TIME \_\_\_\_\_ REASON FOR MEDICATION \_\_\_\_\_

MEDICATION \_\_\_\_\_ DOSE & TIME \_\_\_\_\_ REASON FOR MEDICATION \_\_\_\_\_

## **RECORD OF ILLNESS, HEALTH PROBLEMS THE STUDENT CURRENTLY HAS OR HAS A HISTORY OF:**

ADD/ADHD		Stomach problems/Gastric Reflux		Bladder/Kidney	
Arthritis		Frequent Headaches		Bowel/Colon	
Autism		Migraines		Vision/Glasses/Contacts	
Asthma		Heart Disease		Hearing Aid/Hearing Loss	
Diabetes type I, IDDM		Seizures		Mental Health/Emotional Condition	
Diabetes type II, NIDDM		Dizziness/Vertigo		Mobility Devices	
Hypoglycemia		Skin Disorder		Other	

**This is permission for treatment by a physician and at a hospital for any medical or surgical EMERGENCY ONLY.**

Name of Health Insurance Company \_\_\_\_\_

Group or Identification Number \_\_\_\_\_

**Any other information you may want to give pertaining to your health history (use back if needed):**



\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date



James F. Byrnes High School  
Post Office Box 187  
Duncan, SC 29334

**BAND PERMISSION FORM- DUE MARCH 15<sup>th</sup>**

This is to certify that (print student name) \_\_\_\_\_  
has my permission to participate in all approved band trips/events during the 2019-2020 school year.

I also understand that my son/daughter will be participating and that he/she is expected to abide by all school district rules and regulations during the course of the activity or trip. I understand that he/she will be chaperoned by school personnel and/or other approved volunteers.

Additionally, if I cannot be reached, I understand and agree that my son/daughter may receive medical treatment in case of injury or illness during a band trip/event. I further agree to indemnify and hold harmless Spartanburg School District Five, staff or chaperones for any accidents, injuries or loss that may occur. The booster club and staff are not responsible for any theft, damage or loss to any instruments or other belongings during any band event.

**PERMISSION RELEASE ---BOTH SIGNATURES REQUIRED**

*I promise to follow all school rules and policies during any band related activities. I verify that the information listed on forms is accurate and valid. I have read, understand and agree to the information in the band handbook (including this form)*

**SIGN HERE** \_\_\_\_\_ **SIGN HERE** \_\_\_\_\_  
 (Student Signature) (Date) (Parent/Guardian Signature) (Date)

\*\*\*\*\* **MAKE SURE YOU HAVE BOTH SIGNATURES ABOVE** \*\*\*\*\*

**THIS FORM IS DUE BY March 15<sup>th</sup>**

**PLEASE MAKE SURE ALL SIGNATURES ARE ON FORMS. THE STUDENT DOES NOT BECOME AN OFFICIAL MEMBER UNTIL FORMS ARE TURNED IN.**