

**2007-2008 FOOTHILL MARCHING BAND  
EMERGENCY CONTACT / AUTHORIZATION CARD  
(Please print clearly)**

STUDENT NAME \_\_\_\_\_  
BIRTHDATE \_\_\_\_\_ GRADUATION YEAR: '11 '10 '09 '08 M / F  
PARENT(S) / LEGAL GUARDIAN NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_ PAGER \_\_\_\_\_  
MAIN EMAIL ADDRESS FOR NOTICES \_\_\_\_\_  
EMERGENCY CONTACT \_\_\_\_\_  
DAYTIME NUMBER \_\_\_\_\_  
ALLERGIES (please list all) \_\_\_\_\_

\_\_\_\_\_  
MEDICATIONS TAKEN ON A REGULAR BASIS (please list all) \_\_\_\_\_

\_\_\_\_\_  
KNOWN ILLNESSES \_\_\_\_\_

INSURANCE CARRIER \_\_\_\_\_ GROUP NUMBER \_\_\_\_\_  
FAMILY DOCTOR \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
FAMILY DENTIST \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

**I (we) the undersigned parent, parents or legal guardian of the above named minor, do hereby authorize and consent to any medical care performed by a chaperone of the Foothill Band or prescribed by a licensed doctor of medicine and emergency room staff or a Dentist licensed in the United States. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that treatment will not be withheld if the undersigned cannot be reached.**

***I also understand that there are fees associated with band. These fees help cover the cost related to band competitions including, but not limited to, entry fees, buses, lodging, trucks & food. I agree to accept the responsibility of said fees.***

**I (we) also authorize the designated First-Aid chaperone to administer to my student the following over-the-counter medications that are checked off below:**

\_\_\_TYLENOL \_\_\_MOTRIN \_\_\_DRAMAMINE \_\_\_PEPTO-BISMOL \_\_\_SUDAFED \_\_\_NEOSPORIN  
\_\_\_IMODIUM AD \_\_\_TUMS \_\_\_BENADRYL \_\_\_COUGH DROPS  
OTHER \_\_\_\_\_ IS GENERIC OKAY? \_\_\_yes \_\_\_no

\_\_\_\_\_  
**SIGNATURE OF PARENT OR LEGAL GUARDIAN** **DATE**

**Check here if you do NOT want your address and phone number included in the Foothill Band Directory.**

**IMPORTANT!**

THIS FORM NEEDS TO BE  
COMPLETED AND RETURNED  
EITHER AT OR AT WEIGH-IN

**August 15<sup>th</sup> or 16th**

OR WALK-THROUGH REGISTRATION ON

**AUGUST 20<sup>th</sup> or 21st**

IF YOU HAVE MORE THAN ONE STUDENT IN BAND,  
PLEASE MAKE A COPY OF THIS FORM.

PLEASE BE AWARE IF WE DO NOT RECEIVE THIS  
INFORMATION YOUR STUDENT WILL NOT BE ABLE TO  
TRAVEL ON ANY BAND TRIPS. IT IS VERY  
IMPORTANT THAT WE RECEIVE THIS INFORMATION BY  
THE DEADLINE SO PROCESSING CAN BE COMPLETED!  
IF YOU SHOULD HAVE QUESTIONS ON COMPLETION OF  
THIS FORM PLEASE CONTACT:

**Holly Higgins at 596-4575**  
**or email at [hrosebud@comcast.net](mailto:hrosebud@comcast.net)**