

School Year: _____

MUSIC DEPARTMENT PARTICIPATION / MEDICAL FORM

Acton-Boxborough Regional Schools
978-264-4700 ext. 3415

Student is responsible for having this form completed by a Parent/Guardian and the Health Office **PRIOR** to participating in ensemble activities. Completed forms must be returned to the Band Director by August 1st who will forward them to the school nurse prior to the first day of participation. **NOTE: Students without a completed form will NOT be allowed to participate.**

TO BE COMPLETED BY PARENT OR GUARDIAN

Student Name _____ Grade _____ Homeroom _____

Address _____ City _____ Zip _____

Parent/Guardian _____ (please print)

Address _____ City _____ Zip _____

Telephone – Home _____ Work _____ Emergency _____

I give permission for _____ to participate in Band/Chorus activities.
(Student's name)

(Parent/Guardian signature) (Date)

Please list pertinent medical information to be shared with the School Nurse and Ensemble Director. If medical needs change, it is the responsibility of the parent/guardian to notify the school health office and Ensemble Director.

Allergies (please list): _____

EPI Pen: Yes/No _____ Asthma: Yes/No _____ Inhaler: Yes/No _____

Medical Information: _____

Present Medications: _____

Health Insurance Company: _____ Policy Number: _____

TO BE COMPLETED BY HEALTH OFFICE

NOTE: School Nurse will review and keep on file in the Health Office

Health Office: Current Physical Exam: Yes/No _____
Date of Exam: _____
Activity Restriction: Yes/No _____

Signature of Health Office Personnel: _____ Date: _____