## The Power of Creekside Band 2022-2023 STUDENT INFORMATION SHEET

Father/Guardian       Home Phone       Cell         Mother/Guardian       Home Phone       Cell         Health Insurance Carrier:       ID No:       Group No:         *If persons above are not available in the event of an Emergency, notify         Name       Relationship       Telephone/Cell         Name       Relationship       Telephone/Cell         Name       Relationship       Telephone/Cell         Health Information:       Preferred Hospital       Allergies:         Preferred Hospital       Please list any medications the student takes on a regular basis, or must carry with him/her         *The Band carries some over-the-counter medications such as Advil/Motrin, Immodium, Tums, etc.         Does the student have permission to be given such medications: Yes:       No:         List any physical or behavioral conditions that may affect/limit full participation in band events:         Prent/Guardian Consent:       I give permission for full participation in The Power of Creekside Band programs and events, subject to limitatic made known to the director and/or adult leader in charge.         In case of Emergency, I understand every effort will be made to contact me. In the event I cannot be reached, hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to see or proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Furthere	STUDENT NAME:			
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Name of Parent/Guardian			in any and an hability with regard to their ca	
	Name of Parent/Guardian			
Signature of Parent/Guardian Date	Signature of Parent/Guardian		Date	

This Student Information Sheet will be maintained by the designated adult in charge at every Power of Creekside event.