



Please sign and return this page of the handbook to your band director by Monday, August 22nd, 2016. Keep the remainder of the handbook throughout the year for reference.

I have read, understand, and agree to comply with the rules and policies set forth by Jenks Public Schools and the Jenks Middle School Band Department for the 2016-2017 school year.

Student's Signature

Date

Father's/Guardian's Signature

Date

Mother's/Guardian's Signature

Date

Student printed name _____ Home # _____

Student email address _____ Cell # _____

Mother printed name _____ Home # _____

Mother email address _____ Cell # _____

Father printed name _____ Home # _____

Father email address _____ Cell # _____

This student lives with _____ both mother and father
_____ primarily mother
_____ primarily father

If you do not actively use your email address or have internet, please check here _____.

T-shirt size (Circle one): S M L XL XXL (only adult sizes available)

**JENKS PUBLIC SCHOOL
INSTRUMENTAL MUSIC DEPARTMENT
MEDICAL CONSENT**



We, the undersigned parents or legal guardians of the minor child or children listed below:

Name (Please print) _____

Date of Birth: _____

do hereby authorize any hospital service, x-ray, examination, anesthetic, dental, medical or surgical diagnosis or treatment by any licensed physician or dentist, and hospital service that may be rendered to said minor or minors under the general, specific or special consent of Jenks Instrumental Music Department, the temporary custodians of the minor.

I/We authorize the physician or dentist to call in any necessary consultants in his/their discretion.

It is understood that the consent is given in advance of any specific diagnosis or treatment being required but is given to encourage those persons who have temporary custody of the minor or minors and said physician or dentist to exercise his/their best judgment as to the requirements of such diagnosis or medical or dental or surgical treatment.

This consent shall remain effective until 3:00 pm on the 9th day of June, 2017 unless sooner revoked in writing and delivered to said physician or dentist or said persons entrusted with the custody, care and control of said minor child or children.

Signed this _____ day of _____, 2016.

Known Medical Conditions/Allergies to Medications or Foods: _____

Current Medications: _____

Health Insurance:

Company Name _____

Insured's Name _____

Telephone Authorization # _____

Policy # _____

Group # _____

Father's Signature

Mother's Signature

Health Insurance:

Company Name _____

Insured's Name _____

Telephone Authorization # _____

Policy # _____

Group # _____

Home phone Work phone Cell Phone

Home phone Work phone Cell Phone