Handbook Acknowledgement

As a member of the RHS Band organization, I have read and understand this handbook and will support the director or his designee in enforcing the stated rules and regulations.

| Student Signature | Date |
|---|--|
| As the parent/legal guardian of | , I have read the |
| understand this handbook and will support the dir | rector or his designee in enforcing the stated rules and |
| regulations. | |
| Parent/Guardian Signature | Date |
| Aware Whereas, I (we) recognize that the Ringgold High | eness of Risk School Band is an educational organization with |
| | formances, I (we) the parent(s) or legal guardian(s) of |
| | do grant them permission to travel with the band |
| | e) agree not to hold responsible the directors, Ringgold |
| | ard of Education, the Ringgold Band Booster Club or its |
| officers for accidents, injuries, or illness of our chi | |
| | |
| Signature - Father | Signature – Mother |

Medical Authorization and Health History

| Student full | name | | | _ |
|-------------------|-----------------------------------|-------------------|---|----|
| Date of Birt | :h H | ome phone | | |
| Address | | | | _ |
| Parent or L | egal Guardian | | Phone | |
| Health His | tory: (Please give dates where | e known) | | |
| Operations | (within the last year): | | | |
| Emotional i | ssues (e.g. hyperventilation, etc | c.) | | |
| Serious hea | alth problems | | | |
| Rh | eumatic Fever | Diabetes | Epilepsy | |
| Allergies (ir | ncluding drugs), be specific: | | | |
| Tetanus – I | ast injection: | | | -— |
| Special hea | alth problems in the past? | | | |
| Any major i | medication student is on (includ | e anti—convulsive | e, antihistamine, insulin, and tranquilizers): | : |
| | | | Phone nd at a hospital for any medical or surgical | |
| Parent or I | ∟egal Guardian (Signature) | | | |
| Insurance Company | | | Policy Number | |
| SEAL | Signed before me this | day of | | |
| | Notary Public | | | |
| | My commission expires | | | |