

Rahway High School Marching Band

Medical Information & Parent Authorization

Student Name: _____

Age: _____

Address: _____

Phone: _____

Medical Insurance Carrier:

Name of Person to Contact in case of an Emergency:

_____ Phone:

_____ Phone:

Special Medical Information We Should Know (Allergies, Etc. . . .)

Prescription / Non-Prescription Medication:

Parental Authorization

I, _____, authorize the school official, Robert Van Wyk, Meg Spatz, Ronald Dolce, or Laura Bongiovi to seek any required emergency attention for my son/daughter.

I have read the marching band schedule, expectations, and grading policy. I agree and understand their requirements and desire to have my student be a member of the Rahway High School Marching Band.

Signature

Date

Parent Email Contact