

# Cox High School Bands Contact Information Sheet

Keeping families informed is a priority of Cox High School Bands. This form is to be completed each year by all members, including Color Guard.

Addresses and e-mail databases are used to ensure information is getting home. Please fill out the information below:

Student Name: \_\_\_\_\_

Marching Instrument/ Color Guard: \_\_\_\_\_

Concert Band Instrument: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

E-mail(s): \_\_\_\_\_

Parent/Guardian Phone (Mother): \_\_\_\_\_ (Cell): \_\_\_\_\_

Parent/Guardian (Mother) email: \_\_\_\_\_

Parent/Guardian Phone (Father): \_\_\_\_\_ (Cell): \_\_\_\_\_

Parent/Guardian (Father) email: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature                      Date

\_\_\_\_\_  
Student Signature                                      Date

# Cox High School Medical Information/Treatment Form

Date: \_\_\_\_\_

This is to certify that (print) \_\_\_\_\_ has my permission to travel to all music festivals and other related trips during the 2014-2015 school year with the Cox HS Band.

Health Information: Check all that apply:

\_\_\_\_\_ Asthma \_\_\_\_\_ Allergies \_\_\_\_\_ Diabetes \_\_\_\_\_ Wear Contacts \_\_\_\_\_ Arthritis  
\_\_\_\_\_ Migraines \_\_\_\_\_ Seizures \_\_\_\_\_ Nose Bleeds \_\_\_\_\_ Convulsions \_\_\_\_\_ Other

Explain Checked Boxes and Identify Any Other Health Concerns:

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian: Name: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Request for Administering Prescription Medications to Students: (Medications must be in pharmacy container with prescription label properly affixed to the medicine in question.)

\_\_\_\_\_ I request that my child be allowed to take the prescription medicine, \_\_\_\_\_ as prescribed by our physician while on band trips.

\_\_\_\_\_ I request that my child be allowed to carry and use a self-administered metered dose inhaler containing rescue medication and/or an Epi-Pen as prescribed by our physician.

Administration of Over-the-Counter (“OTC”) Medication: (OTC medications must be in original container and used according to physician’s signed written directions which must be attached to this document.) Further explanation is contained in Part III of the Booklet.

\_\_\_\_\_ I give permission for a Cox HS representative to administer \_\_\_\_\_ to my child according to the recommended dosage instructions.

\_\_\_\_\_ I give permission for my child to carry \_\_\_\_\_ and consume or apply this medication(s) as directed by our physician.

My student and I have read, understand and agree to abide by the requirements set forth in this agreement and all other expectations and rules set forth by the Virginia Beach School District and its representatives, including those accompanying students on band trips. I further agree that in any emergency, any Frank W Cox representative may transport my child to a hospital/medical facility and I authorize any physician or other medical personnel to carry out any diagnostic or emergency care deemed necessary.

\_\_\_\_\_  
Parent/Guardian name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Student Signature

# Cox High School Marching Band Permission Slip

I give my child, (*please print*) \_\_\_\_\_, permission to travel with the Cox High School bands to any and all activities during the 2014-2015 marching band season. This permission includes rehearsals, performances, and other activities of the band and its ensembles. Travel will be by authorized school or charter bus.

My child and I understand that all Virginia Beach school rules and regulations apply to these trips. I am also aware that in the case of an emergency or accident, I do not hold Mr. Lane, the Cox Band Boosters, or the Virginia Beach City Public Schools responsible.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form indicates permission to travel with the band to the following competitions and performances:

- 9/20/14: Cavalier Classic at Princess Anne High School
- 9/27/14: Neptune Parade and Hickory Band Classic
- 10/4/14: Kempsville High School and/or Grassfield High School Marching Classic
- 10/11/14: US Bands First Annual Cox High School Competition
- 10/18/14: Bayside Band Classic US Bands Competition/ PAHS Sportsplex Regional
- 10/25/14: US Bands Virginia State Championships Sportsplex and VBODA
- 11/1/14: US Bands Music In Motion Series Annapolis, MD [Prelims/Finals]

# Cox High School Band Student Information Waiver

I, \_\_\_\_\_, parent of \_\_\_\_\_, understand the intent of the release of my phone number, address, and e-mail address for use of contact is for the private use by the Cox High School Band Program and will not be used for any other means of communication. I also understand my child will be photographed for use in the various programs and materials promoting the Cox High School Band Program.

\_\_\_\_\_ I agree to have my phone number, address, and e-mail address used for the communication purposed within the band program.

\_\_\_\_\_ *I do not agree to have my phone number, address, and e-mail address used for the communication purposed within the band program.*

\_\_\_\_\_ I agree to allow my child to be photographed for the various materials related to the Cox High School Band Program.

\_\_\_\_\_ *I agree to allow my child to be photographed for the various materials related to the Cox High School Band Program.*

Parent/Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_