



Cherokee Bluff Band Association
CBHS Registration 2019-2020

Parent Permissions, Waivers, and Releases

Parent Permissions*

Please **CIRCLE** any OTC medications that can be provided to your student:

Tylenol:	Sudafed:	Benadryl Tablets:	Maalox:
Ibuprofen:	Dramamine:	Benadryl Cream:	Neosporin:

In case of minor illness, the Cherokee Bluff Band Directors or chaperones of the Band Association have my permission to administer the above over the counter drugs to my son/daughter. **YES** **NO**

I _____ certify by my signature that my child, _____, is covered by my personal or group medical insurance policy, and I decline the insurance provided by the school. I further certify that I am aware that I may purchase medical insurance for my student through the school.

Parent | Guardian Signature _____ Date _____

**All Information provided on this form is private and confidential and will only be used when necessary.*

Emergency Waiver and Medical Consent

TO WHOM IT MAY CONCERN, I, the undersigned parent | guardian of:

_____	_____
Full Name of Student	Date

Herby grant authorization to a Band Director or any chaperone of the Cherokee Bluff Band Association standing in loco parentis, to obtain any emergency medical and/or surgical procedures from a physician or hospital emergency room physician on behalf of the above-named minor.

Signature _____ Date _____

Parent's Printed Name _____

Emergency Contact and Insurance Information

Student Name:	Gender:	DOB: ___ / ___ / ___
Parent Name:		Phone#:
Emergency Contact:		Phone#
Insurance Carrier:	Policy #	

Please provide a copy of the insurance card, front and back.