



STUDENT INFORMATION

Student Name: _____

Student Grade (2023-2024 School Year): _____

Home Address (including city, state, zip):

Home Phone # (if applicable): _____

Mobile Phone # (if applicable): _____

Student's LHS Email Address (if available): _____

Student's Health Insurance Carrier: _____ Group Number: _____

Student Date of Birth (mm/dd/yyyy): _____ Sex/Gender: _____

Student's instrument or role in Band/Guard (if known or decided): _____

EMERGENCY CONTACT INFORMATION

Primary Emergency Contact

Contact Name: _____

Contact's relationship to student: _____

Contact Phone #: _____

Home Address: (check this box if same as student, otherwise please enter address here)

Contact Email Address: _____

Secondary Emergency Contact

Contact Name: _____

Contact's relationship to student: _____

Contact Phone #: _____

Home Address: (check this box if same as student, otherwise please enter address here)

Contact Email Address: _____

PHYSICIAN INFORMATION

Name of Physician:	Physician's Phone #:
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STUDENT HEALTH INFORMATION

Date of last tetanus shot (if known): _____

Blood Type (if known): _____

	Has your child experienced any of these symptoms?
Seizures	
Heart Problems	
Diabetes	
Asthma	
Blood Disorders	
Allergies	
Chronic/Recurring Illness	
Other (please describe)	

Directions for treatment for the symptoms listed above (if applicable):

For allergies, if applicable, please list details such as environmental and/or food triggers:

Dietary restriction (if applicable):

Any other health-related information staff should know?

ADMINISTRATION OF MEDICATION

(If and when necessary, the staff or parent volunteers of the Lemont Township High School Band/Guard will administer below medication/treatment in accordance with manufacturers' directions)

	<i>Yes or No - my student can take the following:</i>
Tylenol (or equivalent acetaminophen) - for pain and/or fever reduction	
Ibuprofen - for pain and/or fever reduction	
Intestinal Medication - Pepto-Bismol, Tums...	
Aspirin - for pain and/or fever reduction	
Benadryl - topical	
Benadryl - oral medication	
Sunscreen - Coppertone Sport SPF 30 (or equivalent)	
Bug repellent – OFF repellent with DEET (or equivalent)	

Is there any additional information the staff should know pertaining to the medications, sprays, or ointments that may be administered to your child? *(Any alternate medical products must be provided by the students and turned in to the staff for proper storage and transfer)*



MUSICAL INSTRUMENT / PERSONAL ITEM INSURANCE UNDERSTANDING

The purpose of this form is to create a definite understanding that Lemont High School (District 210) and the Lemont High School Band Parents Association are not responsible for personal instruments and/or personal belongings. This includes both instruments and any personal items on the Lemont High School Campus, off the Lemont High School Campus, and during any form of transportation.

If you feel that you need to insure your personal instrument/belonging in order to provide protection for your investments, your two options include: putting your personal instrument/belonging on a “rider” with your homeowner’s insurance policy or seeking out a 3rd party insurance company such as Music Agency Inc. If you wish to go with the second option, you can find more information at www.musicagencyinc.com.

By signing the agreement below, I understand and acknowledge that Lemont High School (District 210) and the Lemont High School Band Parents Association are not financially responsible for the replacement or repair of my personal instrument or personal belongings.

Please sign here: _____

Date: _____



LEMONT HIGH SCHOOL BAND/GUARD COMMITMENT FORM

The Lemont High School Band/Guard program success is based on the support and participation of both the student and parents/guardians. Please read below the commitments both students and parents will make toward a successful 2023-2024 school year.

For Parents/Guardians: *I understand and agree to the following financial and volunteer commitments:*

1	<p>Two (2) payments totaling \$484 per band/guard student, for school year 2023- 2024.</p> <p>First payment of \$242 is due by July 1st, 2023. Second payment of \$242 is due by November 1st, 2023.</p> <p>Or you can make full payment at once. For payment instructions, please check this webpage: https://www.lemontband.org/fees-financial-info/</p>
2	<p>I understand by paying the first band participation fee (\$242), my student is enrolled in the program; the first band fee is non-refundable.</p>
3	<p>I understand if my student's two band payments are not paid in full by November, my student may not be able to attend or participate in any extracurricular band programs, including but not limited to the band banquet, off campus performances, and/or band trip if applicable.</p>
4	<p>I understand that I must participate as a volunteer, at a minimum, for one or more of the following:</p> <ul style="list-style-type: none">• One (1) shift for each band student during Music Days (buy-out maybe available and is TBD)• One (1) chaperone duty/shift as assigned by the band (you will have the opportunity to sign up)• One (1) shift during Midwest Music Fest (details will be available later in the school year)

Please sign and acknowledge here:

_____ Date: _____