



North Dakota National Band Association

**NDNBA Junior High All-State Band
Medical Release Form**

Student Name _____ Instrument _____

Parents/Guardians _____

Home Address _____

Phone Number _____ Grade _____ Male/Female (please circle)

School _____ Band Teacher _____

Person (other than parent) responsible for my child during the All-State Band Festival and

Concert _____ phone number _____

Consent for Medical Treatment:

In the event that your child should need medical attention during the time of the All-State Band rehearsals or performance, the NDNBA Junior High Leadership will make every effort to contact the parent of guardian for directions as to that care. In case of a medical emergency, I hereby authorize the NDNBA Junior High All-State Leadership to obtain urgent emergency medical care for my child during the All-State Band activities (March 9-10, 2018)

I understand that I will be responsible for the payment of any medical expenses incurred by my child during the All-State and activities.

Emergency Contact Name and Phone _____

Medical Insurance Carrier _____

Policy Number _____

Special medical needs or concerns _____

Parent/Guardian signature _____ date _____

Please complete this form, return to your band director.

**Directors: Please mail all completed registration forms and registration fee (one check) to
Beanie Stotts 1717 40th Ave So, Fargo, ND 58104 no later than March 1, 2018.**