



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 _____

If applicable: 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 8-9, 2019)

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 dietary 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, 2019.
You are subject to a late fee if all medical release forms/fees are not received by March 1, 2019.**