

Saskatoon Lions Band Registration 2016-2017

Student name _____ Date of Birth _____

Mother's Name _____ Wk# _____

Father's name _____ Wk # _____

Home address _____

Phone# Home _____ Phone #cel student _____

Phone# Mother _____ Phone # Father _____

Email address parent _____

Email address student _____

Dr. Name _____ Dr. Phone # _____

Hospitalization# _____ Blue Cross# _____

Allergies:Food _____ Medication _____

Instrument played _____ How many yrs _____

School Band teacher _____ School _____

Fee choice: by Payment/s _____ fundraising _____ Combination _____

Student photo:

Saskatoon Lions Band Travel Medical Form 2016-2017

Student Name _____ Date of Birth _____

Mother's Name _____ Wk# _____

Father's Name _____ Wk # _____

Home address _____

Phone # Home _____ Phone # student _____

Phone # mother _____ Phone # Father _____

Dr. Name _____ Dr. Phone # _____

Hospitalization# _____

Blue Cross# _____ other ins #'s _____

Allergies:Food _____ Medications: _____

Daily Medications _____ (List and describe)

Saskatoon Lions Band Consent for Emergency Medical Treatment

Experience has shown that there are times when illness or accidents may occur and immediate medical or surgical treatment is necessary. This is my permission for the official in charge of their deputy to make arrangements for medical or surgical attention for my child or ward in the event of emergency without the necessity of my prior approval. I understand that I will be notified by the quickest means possible if this authority is exercised.

I _____ absolve the Saskatoon Lions Band of all responsibility for accidental injury, illness, medical attention and losses incurred by myself or family during Lions Band activities.

_____ Signature _____ Date

Has your child ever had a blood transfusion? Yes / No Negative reaction? Yes / No

Would you consent to a blood transfusion if necessary? Yes / No

Parent Signature _____ Date _____