MVHS Band & Color Guard Registration Packet (2026-2027)

(Supported by Nighthawk Marching Band Booster Organization, a 501(c)(3) nonprofit)

Section 2: Student Medical information and Emergency Authorization

This form must be completed **annually** for all students participating in school-sponsored activities including rehearsals, performances, competitions, camps and travel. Information is confidential and used only for student safety and in the event of illness, injury, or emergency.

STUDENT & PARENT / LEGAL GUARDIAN INFORMATION

Student Legal Name: _____ **Preferred Name (if different):** _____

Date of Birth: _____ **Grade (2026–2027):** _____

Parent/Guardian Name: _____ **Parent/Guardian Name:** _____

Relationship to Student: _____ **Relationship to Student:** _____

Phone: _____ ☐ Cell ☐ Home ☐ Work **Phone:** _____ ☐ Cell ☐ Home ☐ Work

Phone: _____ ☐ Cell ☐ Home ☐ Work **Phone:** _____ ☐ Cell ☐ Home ☐ Work

Email Address: _____ **Email Address:** _____

EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIAN)

Name: _____ **Relationship**: _____ **Phone:** _____

MEDICAL & INSURANCE INFORMATION

Insurance Provider: _____ **Policy/ID #:** _____

Primary Physician: _____ **Phone:** _____

EMERGENCY MEDICAL AUTHORIZATION

I, the undersigned parent or legal guardian of _____, authorize the Band Director, chaperones, directors, instructors, or designated representatives to obtain and consent to **emergency medical, surgical, hospital, dental, or ambulance services** for my child if I cannot be reached in a timely manner.

I understand that I am responsible for **all costs** associated with such care not covered by insurance.

This authorization applies while my child is participating in any band/color guard activity including **rehearsals, performances, competitions, camps, and travel (day or overnight)**.

MEDICAL CONDITIONS / ALLERGIES (CHECK ALL THAT APPLY)

☐ **Asthma** ☐ **Diabetes** ☐ **Seizures** ☐ **Heart condition** ☐ **Rheumatic Fever** ☐ **Epilepsy**
☐ **Severe allergies** ☐ **Heat illness history** ☐ **Fainting** ☐ **Anxiety/emotional concerns**
☐ **Chronic illness** ☐ **Recent injury/surgery** ☐ **Other:** _____

Allergies (food, medication, insect, other): _____ **Reaction:** _____

☐ **Student may carry inhaler** ☐ **Student may carry EpiPen**

☐ **Permission for adult assistance: I authorize trained staff or volunteers to assist with or administer emergency medication as indicated above.**

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MEDICATIONS (IF ANY) & OVER-THE-COUNTER MEDICATION AUTHORIZATION

List medications student may have during activities or travel:

Medication	Purpose / Condition	Emergency Use OK
		☐ Yes ☐ No

If needed, my student MAY be given the following:
☐ **Acetaminophen(Tylenol)** ☐ **Ibuprofen (Advil/Motrin)** ☐ **Antihistamine (Benadryl or equivalent)**
☐ **Other** _____
☐ **None – I do not authorize any medication**

HEAT ILLNESS & HYDRATION ACKNOWLEDGMENT

I understand that marching band and color guard activities involve **strenuous physical exertion**, often in **high heat or direct sun**, which increases the risk of heat exhaustion and heat stroke.

I acknowledge and agree that:

- My student will arrive **properly hydrated**, nourished, and physically able to participate
- My student will bring and use a **personal water container**
- My student must comply with all **hydration breaks, rest periods, uniform modifications, and staff safety instructions**
- I have disclosed any medical conditions that increase heat risk

I understand that failure to follow safety instructions may result in my student being **withheld from participation** for health reasons.

MEAL & SNACK PARTICIPATION

☐ **I do NOT give permission for my student to receive meals or snacks provided by the band program or booster organization.**

I understand that if I opt out, I am responsible for providing food for my student during applicable activities.

RELEASE & HOLD HARMLESS AGREEMENT

I acknowledge that participation in marching band and color guard activities involves physical exertion and inherent risks, including injury or illness.

I voluntarily release and hold harmless Murrieta Valley High School and the Nighthawk Marching Band Booster, its officers, directors, and volunteers, from liability arising from medical treatment rendered in good faith, except in cases of gross negligence.

This authorization is effective from **June 6, 2026, through June 7, 2027**, unless revoked in writing.

PARENT / GUARDIAN ACKNOWLEDGMENT
By signing below, I confirm that the information provided is accurate and complete to the best of my knowledge. I agree to notify the school of any medical changes during the school year.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ **Date:** _____