

**Karns High School Band**  
2710 Byington Solway Road  
Knoxville, TN 37931  
865-539-8670 ext. 5 Band Office  
865-539-8679 Fax



**Karns High School Band**  
**2017-2018 Permission/Emergency Information Form**

Student's Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Graduation Year \_\_\_\_\_  
Concert Instrument \_\_\_\_\_ Marching Instrument \_\_\_\_\_  
Where did you attend middle school? \_\_\_\_\_  
Shirt Size (S-3X) \_\_\_\_\_  
2017-2018 School Year Ensembles      Check all that apply.  
\_\_\_ Marching Band                              \_\_\_ Winter Guard  
\_\_\_ Fall Guard                                    \_\_\_ Indoor Percussion  
\_\_\_ Symphonic Band                            \_\_\_ Music Theory  
\_\_\_ Percussion Ensemble                      \_\_\_ Jazz Band  
Home Phone \_\_\_\_\_  
Parent Preferred Email \_\_\_\_\_  
Mother Cell Phone \_\_\_\_\_ Father Cell Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Mother's Employer \_\_\_\_\_ Phone # \_\_\_\_\_  
Father's Employer \_\_\_\_\_ Phone # \_\_\_\_\_  
Family Physician \_\_\_\_\_ Office # \_\_\_\_\_  
Medical Conditions \_\_\_\_\_  
Medications \_\_\_\_\_

\_\_\_\_\_ has my permission to participate in all activities sponsored and sanctioned by the Karns High School Band, Karns High School, and Knox County Schools. I understand that my child must abide by all rules, regulations, and policies set forth by Karns High School Band, Karns High School, and Knox County Schools, and that all infractions of the above will be dealt with according to stated policies. Should my child's behavior jeopardize the health, safety, and/or welfare of the band, I understand that he/she will be sent home immediately. I accept full responsibility for all cost associated with my child's misbehavior and subsequent damage to property and personal injury. I understand that any fees paid for membership in the band program will be forfeited in the even that my child can no longer participate for any reason.

In case of illness or injury, I give the band director and assistant band directors the authority to act on my behalf in seeking medical attention for my child. I will accept the financial responsibility for all medical treatment and associated costs. I will not hold the directors, any staff members, chaperones, or Karns Band responsible for any costs associated with the treatment of my child. By signing, I acknowledge I have read and understand the rules/policies stated by the Karns High School Band Handbook.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
Notary Seal \_\_\_\_\_ Date \_\_\_\_\_

**This form must be notarized.**  
**Please attach a photocopy of a family insurance card. Thank you.**