

Health Form 2020-2021

All members are required to have had a physical examination within the past 13 months prior to the first day of practice, please return this form with a copy of the physical from your doctors office.

Student's Name:	/		
(Last) (First)	Date of Birth		
Parent(s) or Legal Guardian Names:			
Address:			
Cell Phone (Guardian #1):			
Medical Insurance Company:	Policy Number:		
Alternative Emergency Contact			
Name:	Relationship to Student:		
Number Home and Cell:			
Name:	Relationship to Student:		
Number Home and Cell:			
Please Note: This health form will also accompany the student on all trips with the band. PERMISSION TO ADMINISTER MEDICATION			
I give permission for any chaperone to administer the checked, none will be given.	e following to my student. <u>If no medication is</u>		
Antacid Tylenol (acetam 500 mg	inophen) Motrin (ibuprofen) 200 mg		

inhaler

Please check off if the student carries one of the following: ____epi pen

Health History PLEASE LIST CURRENT MEDICATIONS ~Please check all that apply: AND DOSAGE STUDENT IS TAKING including over the counter and/or prescriptions and topical creams such as icy hot or biofreeze Heart/Cardiac Gastrointestinal dosage am/pm name notes Respiratory (asthma) ____ Orthopedic Neurological Anxiety/depression Other (please note below) Date of Last Tetanus shot _____ Month YES NO (if yes, please explain) **ALLERGIC TO MEDICATION** YES ____ NO (if yes, please explain) ALLERGIC TO INSECT STINGS YES NO (if yes, please explain) OTHER ALLERGIC REACTIONS Please explain any checked areas, or any other health factors that would restrict the student from participating in the activity. This health history is correct to the best of my knowledge. The student listed has permission to engage in all Oakmont-Overlook Marching Spartans activities for the school year unless otherwise noted on this form. I hereby authorize The Oakmont-Overlook Marching Spartans Director and or Chaperone to seek any medical attention deemed necessary at my expense to secure the well-being of the above-named student

Signature of Parent/Guardian

Date

RELEASE FORM

I,	, individually and as a	
guardian of _	do hereby, give permission f	or my
	to participate with the Oakmont – Overlook Marching Spartans for the purpose	of
furthering his	her own interest in music. I, hereby, covenant and agree with the President, Exc	ecutive
Board, Band	Director, Staff, Band Camp Director, members of the Oakmont Overlook Music	Parents
Association, a	and any and all related parties, officers, agents, employees, to indemnify and hol	d harmless
each and ever	y one of them from, and against, all claim, liability, loss, cost, damage, and expe	ense which
may in any w	ay arise out of or in connection with, the involvement of my son/daughter in the	e program
or in the use of	of such facilities; including without limitation all claim he/she or I might have for	or personal
injury to him/	her or to any member of my family so arising. I do, hereby, further testify as to	my
son/daughter'	s sound health of mind and body.	
I inter	d this statement to take effect as a sealed instrument.	
Date	Guardian Signature	_
	HANDBOOK ACKNOWLEDGEMENT	
Oakmont-Ov fully underst signatures bo Marching Ba	es below indicate that we have received and thoroughly read this season's erlook Marching Spartans Handbook (updated version on the website) and and the details, policies, and guidelines contained within. Furthermore, outlow indicate that we have read, fully understand and accept the requirement and the consequences of violations of the Handbook, which will lead to the licy stated within.	r ents of
Parent	(s)/Guardian(s) Name(s):	
Parent	(s)/Guardian(s) Signature(s):Date:	
Band	Member Name:	
Band	Member Signature: Date:	
Return to reho	earsal or mail to OOMPA:	
	Oakmont Overlook Music Parents Association P.O. Box 161	
	1.O. DOX 101	

Ashburnham, MA 01430



ASHBURNHAM-WESTMINSTER REGIONAL SCHOOL DISTRICT Office of the Superintendent

Gary F. Mazzola, Ed.D. Superintendent of Schools Julie Surprenant
Director of Finance & Business

11 Oakmont Drive ~ Ashburnham, MA 01430

978-827-1434 ~ Fax 978-827-5969

AWRSED CH 385 G

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

OOMPA chaperone and/or volunteer As a prospective or employee/volunteer for the position of understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Ashburnham-Westminster Regional School District to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Ashburnham-Westminster Regional School District with written notice of my intent to withdraw consent to a CORI check. For employment, volunteer, and licensing purposes only: The Ashburnham-Westminster Regional School District may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the Ashburnham-Westminster Regional School District must first provide me with written notice of this check. Ashburnham-Westminster Regional School District is registered under the provisions of MGLc6s172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or leasing of housing. (PROSPECTIVE) EMPLOYEE / VOLUNTEER INFORMATION (Please print) Last Name Middle Initial First Name Date of Birth Place of Birth Maiden Name / Alias (if applicable) Mother's Maiden Name Father's Full Name XXX -State Drivers License Number State of Issue SSN (Last 6 digits IS REQUIRED) ft. in. Sex Eye Color Height: Race Current and Former Addresses: (Prospective) Employee/Volunteer Signature: Date: By signing above, I provide my consent to a CORI check and acknowledge that the information provided on this Acknowledgement Form is true and accurate. Cori Authorized Employee Signature:

This information was verified with the following form of government issued photographic identification

(Photocopy picture id prior to filling out Form <u>OR</u> photocopy on back of form)