

Highland High School Marching Band Family/Friends Season Shirt ORDER FORM

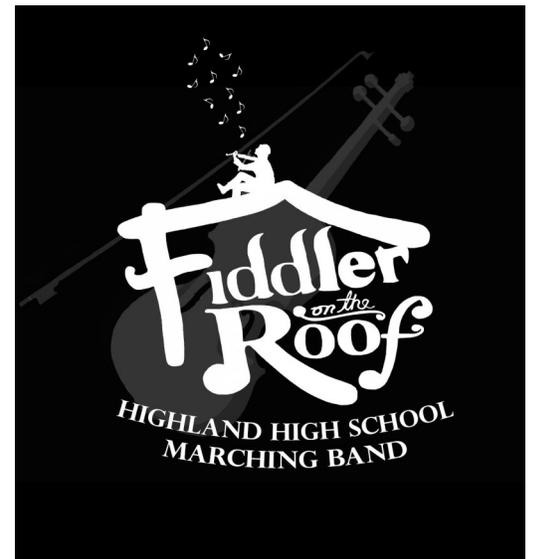
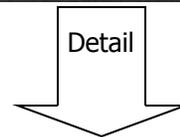
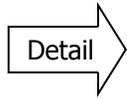
This is the ONLY order that we will be placing for season shirts this year (keeps the cost down), so make sure you order yours today!

Show your support of the marching band this year by wearing this awesome season shirt to all performances and competitions! Shirts for the students have already been ordered—please use this form to ONLY order ones for parents, grandparents, siblings, friends, other relatives—really anyone who wants to support the band or anyone that just wants a really cool-looking shirt! These are crew-neck, 60/40 cotton/poly blend, black shirts. The graphics will be white, black and gray.

Please put forms & payment in the bandbox.

Cost—\$20 per shirt

DEADLINE FOR ORDER FORMS & PAYMENT: SATURDAY, JULY 29!



Name	
Phone #	
Email	
Student's Name	

Enter quantity of each size (Adult sizes)

SMALL	
MEDIUM	
LARGE	
XL	
2XL	
3XL	
TOTAL #	<input style="width: 100px;" type="text"/> X \$20 = <input style="width: 100px;" type="text"/>

Cash or checks payable to:
Highland Band Boosters

(amount enclosed)

Booster use ONLY:

Date recd _____

By _____

Cash _____ OR

Check # _____

2017-2018 Highland Band Programs Medication and Dietary Restriction Form

Please complete the following information:

- if your child will need to be given any prescription medication during band activities (i.e. epi-pen, inhaler, etc.)
- if your child has permission for acetaminophen and/or ibuprofen to be administered by a parent during band activities
- if your child has any dietary restrictions

All prescription medications must be given to a parent in the original container labeled with the student's name.

Student Name _____ ID# _____ Grade _____

Please list any dietary restrictions _____

Prescription medication #1 _____ Dosage _____ Time to be given or as needed _____
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Prescription medication #2 _____ Dosage _____ Time to be given or as needed _____
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Prescription medication #3 _____ Dosage _____ Time to be given or as needed _____
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Please initial this box to give permission for **acetaminophen**
(Tylenol substitute) as directed on package to be given to your child as needed.

Please initial this box to give permission for **ibuprofen**
(Motrin substitute) as directed on package to be given to your child as needed.

Signature of Parent/Guardian

Date