

Powell High School Band
Medical Release and Permission Form
2010 – 2011

(Please write in black or blue pen. Complete both pages. **Notary required.**)

Student Name _____ **Instrument** _____

Parent/ Guardian Contact Information:

1st Contact:

Name _____ Relationship: _____ Home Phone: _____

Place of Employment: _____ Work Phone: _____

Cell Phone: _____ Pager: _____ Other: _____

2nd Contact:

Name _____ Relationship: _____ Home Phone: _____

Place of Employment: _____ Work Phone: _____

Cell Phone: _____ Pager: _____ Other: _____

To Be Completed By Parent or Guardian (Please sign where full signature is required):

Family Physician: _____ Phone: _____

- List medical conditions your child has _____

- I hereby give permission to administer minor medical treatment to my child _____, including giving over-the-counter medications. Please initial beside each medication your child is allowed to have:

Tylenol (Acetaminophen) _____ Advil (Ibuprophen) _____ Emetrol (for nausea) _____ Benadryl _____

Signature of Parent/Guardian _____ **Date** _____

- List medications your child takes. Include regular medications as well as medication carried in the event of an emergency (i.e.: epi pen, asthma inhaler) _____
- List all **allergies** your child has (include food, medicine, insect stings, etc) _____

- In the event I cannot be reached in an emergency, I hereby give my permission to the band directors (and chaperones in the absence of a band director) to secure proper medical treatment for my child as named above.

Signature of Parent/Guardian _____ **Date** _____

Emergency Phone Contact (To be used in the event parent/guardian can't be located)

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Signature of Parent/Guardian _____ **Date** _____

Chaperone Documentation of Treatment (First Aid and Medications) given to student.

(Chaperone can use the e back for additional documentation)

Date/Time _____ **Complaint** _____ **Treatment** _____

Additional Comments _____

Date/Time _____ **Complaint** _____ **Treatment** _____

Additional Comments _____

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Student Name: _____ T-shirt size: _____ Date: _____

Grade: 9 10 11 12

Participating in: Marching ____ Color Guard ____ Majorette ____ Concert/Symphonic ____ Jazz ____

Mailing Address: _____ Zip Code _____ Phone _____

Email Address: Student's _____ Parent's _____

- I give my child _____ permission to travel with the Powell High School Band during the school year 2010 - 2011 on school buses and coach buses for the purpose of participating in the band's various required activities, including but not limited to football games, concerts, competitions, etc.

Signature of Parent/Guardian _____ **Date** _____

- I give the Powell High Band Boosters permission to include my child's picture and/or name on the band Website at www.powellband.org for the school year 2010 - 2011. I understand that my child's picture and/or name will only appear in connection with band activities such as, but not limited to pictures from the fall marching season, fund raising events, competitions, concerts, awards recognitions, etc.

Signature of Parent/Guardian _____ **Date** _____

Privacy Notice to Parents:

In order to appropriately care for your child, selected medical information will be available to chaperones. Page 1 of this form will be copied and placed in a binder that will be located in the first aid kits on each bus. Page 2 of this form will be considered confidential information, and will be divulged only on a need to-know basis.

If you have any questions or concerns, please notify one of the PHS band directors.

I have read and understand the Privacy Notice:

Signatures:

Parent/Guardian _____ **Date** _____

Notary _____ **Date** _____

My commission expires on: _____