

Medical Release: **Completed by parent**

Student Name: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy# \_\_\_\_\_ Group# \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Check all that apply:	Details:
<input type="checkbox"/> Asthma	Inhaler? Y / N
<input type="checkbox"/> Allergies	Epi-pen? Y / N
<input type="checkbox"/> Diabetes	
<input type="checkbox"/> Heart Condition	
<input type="checkbox"/> Migraines	
<input type="checkbox"/> Seizures	
<input type="checkbox"/> Other	

I authorize the use of the following over-the-counter medicines by my child during band camp, rehearsals, performances, and/or competitions should it be deemed necessary:	
<input type="checkbox"/> Acetaminophen –Tylenol	Headaches, muscle pain
<input type="checkbox"/> Antibiotics (topical) – Neosporin	Scrapes, cuts
<input type="checkbox"/> Benadryl (oral)	Allergies
<input type="checkbox"/> Benadryl (topical)	Bug bites, rash
<input type="checkbox"/> Ibuprofen –Advil, Motrin	Headaches, muscle pain
<input type="checkbox"/> Intestinal Medications – Pepto,	Upset stomach

Please list all prescription and non-prescription medication(s) that is taken on a regular basis:

\_\_\_\_\_

In the event that parents/guardians are not available, I designate the following person as an

**Emergency Medical Contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event that parents/guardians and the Emergency Medical Contact cannot be reached, I authorize the Director of Bands and any designated chaperones to obtain, through any licensed medical personnel/physician of their own choosing, any medical care that they deem reasonably necessary should my child be injured or become seriously ill during any and all functions. I hereby grant permission to licensed hospital and/or health center staff members to administer immediate medical treatment as deemed necessary. Further, I understand that I am responsible for payment of expenses incurred relating to my child's medical treatment. I agree to keep all medical information previously provided about my student up to date.

**Signature(s):**

Parent 1: \_\_\_\_\_ Date: \_\_\_\_\_