

**MEDICAL RELEASE and
PERMISSION FORM
2010-2011**

Name _____
Grade 9 10 11 12 (circle)
Band (circle one) Marching Concert Both
Gender M F (circle)

Student: _____
Address: _____
Email _____ Date of Birth _____
(BAND STUDENT)

EMERGENCY PHONE NUMBERS (Please print legibly)

	Name	Day	Night	Cell
Father				
Mother				
Relative				
Friend				
Physician				

Email Father _____ Mother _____

MEDICAL INSURANCE INFORMATION (please keep updated)

Insurance Company _____
Policy # _____ Group # _____
ID # _____ OTHER# _____

PERMISSION

I give _____ permission to participate in all activities of the Farragut High School Band as approved by the school administration and the Knox County Board of Education during the ~~2009~~ 2010-2011 school year. I give Mr. Ronald E. Rogers, Band Director, and/or authorized chaperones and/or certified medical personnel authority to seek and/or render medical aid for my child in the event of an illness or injury. I understand that at least one person listed above is to be contacted should the listed child become ill or injured.

Parent / Guardian _____ Date _____

The medical information provided on the back of this form is confidential. It will only be viewed by volunteers providing first aid, paramedics or emergency physician.

***** (PLEASE COMPLETE BOTH SIDES OF THIS FORM MAIL TO RECEIVE OR ... RETURN TO THE BLUE TUB IN Mr. Rogers' office... BY ... Monday, July 26, 2010-FIRST DAY OF BAND CAMP)

Farragut High School Band, 11237 Kingston Pike, Knoxville, TN 37934

Any questions, update of medical information, phone numbers, etc.-- contact Head Chaperone at
Or www.farragutband.org BAND BOOSTERS/ Head Chaperone

OVER->

EMERGENCY MEDICAL INFORMATION

(Please print legibly)

Student name

ALLERGIES (Fill in or write NONE)

MEDICATION STUDENT IS NOW TAKING (Prescription, Non-prescription, or NONE)

CHRONIC HEALTH PROBLEMS / CONCERNS (Fill in or write NONE)

***SPECIAL NEED ***(Fill in diabetic supplies, inhaler, epipen, etc.-please have student bring to football games/competitions/concert festivals and give to first aid or head chaperone)or write NONE)

DIETARY RESTRICTIONS (Fill in or write NONE)

While with the band, my child may take the following common over-the-counter medicines according to recommended dosages, if he/she requests: (Check approved medicines)

- | | | |
|---|---|--|
| <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Ibuprofen (Advil) | <input type="checkbox"/> Zyrtec |
| <input type="checkbox"/> Clariten | <input type="checkbox"/> Dramamine(motion sickness pills) | |
| <input type="checkbox"/> Naproxen Sodium (Aleve) | <input type="checkbox"/> Benadryl | <input type="checkbox"/> GLUCOSE TABLETS |
| <input type="checkbox"/> Sudafed | <input type="checkbox"/> Tums | (diabetics or hypoglycemia) |
| <input type="checkbox"/> Lozenges for sore throat | <input type="checkbox"/> Other _____ | |

My child should not take any of these medications. (Circle sentence)

Parent / Guardian _____ Date _____

Please update medical insurance, phone numbers, or if conditions/medications change during the school year.
Contact Head Chaperone at fhsbandchaperone@ with new information
yahoo.com