

**Medical Release Form**  
**OCHS Band 2007-2008**

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

Instrument \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ \*\*include area code

Father Work Phone \_\_\_\_\_ \*\*include area code

Mother Work Phone \_\_\_\_\_ \*\*include area code

Home Address \_\_\_\_\_

Student E-mail \_\_\_\_\_

Parent E-Mail \_\_\_\_\_

Parent E-Mail \_\_\_\_\_

I give permission for student name, address, telephone number, and email address to be published in a directory for the band students. **Parent/Guardian Signature:** \_\_\_\_\_

Any medications or medical conditions \_\_\_\_\_

Family Doctor & Phone \_\_\_\_\_

Insurance name and policy number \_\_\_\_\_

In the event that I cannot be reached immediately in case of medical emergency, I hereby authorize members of the Oconee County High School Band Staff or authorized adult to approve treatment or administer emergency medical procedures while the above-named student is in their care.

I hereby authorize members of the Oconee County High School Band staff or authorized adult to administer to the above-named student the non-prescription medications checked below:

\_\_\_ Acetominophen \_\_\_ Ibuprofen \_\_\_ Pepto Bismol \_\_\_ Tums \_\_\_ Benadryl

\_\_\_\_\_  
**Parent/Guardian signature**

\_\_\_\_\_  
Date

**This form must be filled out completely and returned to the director for student to participate in extra-curricular activities of the OCHS Band**