

Medical Release Form
OCHS Band 2009-10

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

T-Shirt Size S M L XL XXL

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:

___ Acetaminophen ___ 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