

Medical Release Form
OCHS Band 2011-2012

Student Name _____

Instrument _____ Grade _____ Date of Birth _____

Parent/Guardian Name _____

Parent Contact Phone(s) _____

T-Shirt Size: S M L XL XXL _____

Mother Work Phone _____ Father Work Phone _____

Address _____

Student E-Mail _____

Parent E-Mail(s) _____

** I give my permission for the above contact information (student name, parent name, address, telephone numbers, and e-mail addresses) to be published in a directory for the band.**

Any exception to directory information _____

Parent/Guardian Signature _____

Any medications or medical conditions to be aware of _____

Family Dr & Phone _____

Insurance name and policy No. _____

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 Band staff or authorized adult to administer to the above-named student the non-prescription medication checked below:

___ Acetaminophen ___ Ibuprophen ___ Pepto Bismol ___ Tums ___ Benadryl

Parent/Guardian Signature _____ **Date** _____