

Medical Release Form
OCHS Band 2023-2024

Student Name _____

Instrument/section _____ Grade _____ Date of Birth _____

Student email _____ Student Contact Phone _____

Home Address _____

T-Shirt Size: S M L XL XXL _____

Contact	Relationship to Student	Contact Phone

Any medications or medical conditions to be aware of _____

Student Doctor & 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** _____