

**Medical Release Form**  
**OCHS Band 2022-2023**

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** \_\_\_\_\_