

Harriman High School Band Permission and Medical Consent Form

General Information

Name: _____	Gender: ___ Male ___ Female
Address: _____	
City: _____	State: _____ Zip: _____
Home: (____) _____	Work: (____) _____
E-mail address: _____	Date of Birth: _____

Father's Name _____

Home: (____) _____ Work: (____) _____ Cell: (____) _____

Mother's Name _____

Home: (____) _____ Work: (____) _____ Cell: (____) _____

Please give the names of persons who could locate the parents in the event of an emergency:

Emergency Contact: _____ Relationship: _____

Home: (____) _____ Work: (____) _____ Cell: (____) _____

If the above person is unavailable, please notify: _____ Relationship: _____

Home: (____) _____ Work: (____) _____ Cell: (____) _____

Physician: _____ Phone _____

Dentist: _____ Phone _____

Orthodontist: _____ Phone _____

It is our policy to notify parents whenever their children require Emergency Room care during Band Trips.

If you **Do Not** wish to be called, please sign here: _____

Medical Insurance Information

We strongly encourage you to have medical insurance and to bring your insurance card or other documentation with you while on band trips.

Company Name: _____ Policy Number: _____

Contact Phone Number (if applicable): _____

Allergies

Include medicines, foods, insect bites, and stings. NONE

Allergy	Reaction	Medication Required (if any)

Medical History

Please list all prescription, over-the-counter, and natural medications you are taking.

Use a separate sheet if necessary.

Medication Name	Dosage	Frequency	Side Effects (known & potential)	Reason for Taking

School policy states that students are not to carry medications with them. All medications need to be turned in to a designated chaperone to hold and distribute medication until the end of each event.

- Recent illness? _____
- Accidents, operations, hospitalizations? _____
- Recent exposure to infectious diseases? _____
- Do you have asthma? _____ Yes ___ No ***If yes, please list any medications above.***
- Do you have diabetes? _____ Yes ___ No ***If yes, please list any medications above.***
- Do you have a history of high blood pressure? _____ Yes ___ No
If yes, please explain on a separate sheet.
- Do you have any problems with your eyes or vision? _____ Yes ___ No
If you wear prescription glasses or contacts, we recommend bringing a spare set.
- Are you pregnant? _____ Yes ___ No
- Do you have any bone, joint, or muscle problems? _____ Yes ___ No
If yes, please explain on a separate sheet.
- Have you ever had a seizure? _____ Yes ___ No
If yes, please explain on a separate sheet.
- Do you have any other medical issues that might affect your participation at camp or other events?
_____ Yes ___ No ***If yes, please explain:*** _____
- ***Tetanus:*** It is strongly advised that you are inoculated against this fatal disease and you obtain a booster within every 10 years. The date of your most recent tetanus inoculation or booster: ____/____/____

Swimming Proficiency: __Non-Swimmer __Beginner__ Intermediate__ Advanced__ Lifesaving certified

Please provide any other medical information which might help us care for your child below.

I hereby give my permission and approval as parent / guardian for _____ to attend all activities sponsored by **Harriman High School Band** of Harriman, Tennessee. It is my understanding that these activities will be conducted within and without the State of Tennessee and that some of the activities will be physically strenuous. I understand that my child must obey all rules and regulations, which will be clearly stated prior to the event. In case of serious violation of any rules or regulations, I will be notified by telephone, if possible, and arrangements will be made for the child to return home. Should the above discipline be necessary, I agree to be responsible for any expense incurred.

In the event that my child becomes ill or sustains an injury while participating in a Band activity, I give permission to a leader or chaperone to take whatever steps are necessary to administer first aid. In the event that I can not be reached by telephone, I also consent to an X-ray examination, anesthetic, medical, dental, or surgical diagnosis and treatment including hospital care if necessary and the administration of drugs or medicine to be rendered to my child under the general or specialized supervision and upon the advice of a duly licensed physician and / or surgeon. I understand that this consent will apply to all emergency situations and copy of this form is a valid as the original. This consent shall remain in effect until written revocation is made.

I further agree that the medical and emergency information provided on this form and any attached documents is accurate and current.

Harriman High School will not be responsible for the liability or insurance coverage of private or public carriers. Neither Harriman High School nor the sponsors will be responsible for personal injury to my son/daughter or for the loss or damage to his/her personal property.

I understand that on any authorized band trip my son/daughter has the privilege and responsibility for making up his/her work missed.

This the _____ day of _____, 20_____

PARENT / GUARDIAN: _____

STATE OF TENNESSEE , COUNTY OF (_____)

Personally appeared before me, _____, a Notary Public,

_____, with whom I am personally acquainted (or who proved to me on the basis of satisfactory evidence), and who acknowledged that he/ she executed the within instrument for the purposes therein contained.

WITNESS my hand, at office, this _____ day of _____, 20_____

NOTARY PUBLIC

My Commission Expires: _____

Harriman High School Band

Permission to Administer Non-Prescription Medications

I hereby give my permission for my child _____
to receive treatment of a non-emergency medical nature. This would include administering medication
such as:

Medication	Yes	No
Acetaminophen (Tylenol)		
Ibuprofen (Advil)		
Benadryl		
Calamine Lotion		
Neosporin or First Aid Cream		
Antacid Tablets/Liquids		
Imodium A/D		
Cold and Sinus Tablets		
Bee/Insect Sting		

Comments: _____

_____ / _____

Parent / Guardian Signature

Date