



# 2019-2020 VETERANS HIGH SCHOOL BAND PERMISSION AND MEDICAL FORM

Please **PRINT** the following information.

<i>Student's Last Name</i>	<i>Student's First Name</i>	<i>School</i>	
<i>Name of Parent(s)</i>		<i>Student's Date of Birth</i>	
<i>Address</i>	<i>(Street)</i>	<i>(City, State Zip)</i>	
<i>Phone #'s (Home)</i>	<i>(Work)</i>	<i>(Cell)</i>	<i>(Other)</i>

**Permission Statement**

I understand that Veterans High School Band students are going to participate in practices, performances and contests for the 2019-2020 school year sponsored by the Houston County Board of Education and Veterans High School. I hereby give permission for \_\_\_\_\_ to participate in this activity.

**Medical Release Form**

Should my child need immediate medical attention, the teacher(s) or chaperone(s) have my permission to seek immediate medical treatment.

<i>Parent's Signature</i>	<i>Date</i>
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<i>Name of Insurance Company</i>	<i>Policy #</i>
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<i>Group #</i>	<i>SS# (Usually Required by Hospital for Treatment)</i>
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If I cannot be reached in the case of an emergency, please call:

<i>Name</i>	<i>Relation ship</i>
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<i>Phone #'s (Home)</i>	<i>(Work)</i>	<i>(Cell)</i>	<i>(Other)</i>
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Is your child allergic to any medication(s)? *(circle one)* **Yes No**  
 Does your child have any other allergies we should be aware of? *(circle one)* **Yes No**  
 If answer is yes to any question above, please list the medication(s) and/or items your child is allergic to:

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Does your child require any emergency medication(s)? *(circle all that apply)* **Epi-Pen Inhaler Glucagon Diastat**  
 Will your child take any daily/prescribed medication(s) while on the trip? *(circle one)* **Yes No**  
 If answer is yes, please list medication(s) your child will need to take and any necessary instructions:

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I give the teacher(s) or chaperone(s) permission to give my child the following over-the-counter medication(s) if necessary. Medications will be administered based on the instructions printed on the bottle:  
*(circle one)*

<b>Acetaminophen</b> (headache/fever)	<b>Yes</b>	<b>No</b>	(Dose: )
<b>Ibuprofen</b> (headache/anti-inflammatory)	<b>Yes</b>	<b>No</b>	(Dose: )
<b>Benadryl</b> (bee sting or allergy)	<b>Yes</b>	<b>No</b>	(Dose: )
<b>Dramamine</b> (motion sickness)	<b>Yes</b>	<b>No</b>	(Dose: )
<b>Children's Pepto Bismol</b> (stomach/diarrhea)	<b>Yes</b>	<b>No</b>	(Dose: )

Please list any additional medical information we should know about your child *(continue on back if needed)*

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