



2021-2022 VETERANS HIGH SCHOOL BAND PERMISSION AND MEDICAL FORM

Please **PRINT** the following information.

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

Permission Statement

I understand that Veterans High School Band students are going to participate in practices, performances and contests for the 2020-2021 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.

Parent's Signature	Date
Name of Insurance Company	Policy #
Group #	SS# (Usually Required by Hospital for Treatment)

If I cannot be reached in the case of an emergency, please call:

Name	Relation ship		
Phone #'s (Home)	(Work)	(Cell)	(Other)

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:

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:

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)

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

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