

# Bearden High School Band Medical Form for 2007-2008 – Part 2

(Please **Print** with black or blue pen)

## Student Information:

Name \_\_\_\_\_ Instrument \_\_\_\_\_ Grade: 9 10 11 12

## Parent/Guardian Information:

1<sup>st</sup> Contact - Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_ Other \_\_\_\_\_

2<sup>nd</sup> Contact - Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_ Other \_\_\_\_\_

## To Be Completed by Parent or Guardian: *(Please sign where full signature is required.)*

- I hereby give permission to administer minor medical treatment to my child \_\_\_\_\_, including giving over-the-counter medications. Please initial beside each medication your child is allowed to have:

Tylenol (Acetaminophen) \_\_\_\_\_ Advil (Ibuprophen) \_\_\_\_\_ Emetrol (for nausea) \_\_\_\_\_ Benadryl \_\_\_\_\_

List specific over-the-counter medications **NOT** to be given: *(ASPIRIN will **NOT** be administered)*

\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

- List all **allergies** your child has (include food, medicine, insect stings, etc.) that the directors and chaperones should be aware of:

\_\_\_\_\_

\_\_\_\_\_

- In the event I cannot be reached in an emergency, I hereby give my permission to the band directors (and chaperones in the absence of a band director) to secure proper medical treatment for my child as named above.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## Emergency Phone Contact: *(To be used **only** in case of an emergency to help locate parent/guardian, or if unable to contact parent/guardian. This needs to be some one authorized to make a decision if medical treatment is necessary.)*

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

# Bearden High School Band Medical Form for 2007-2008 – Part 1

(Please **Print** with black or blue pen)

Student's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Instrument \_\_\_\_\_ Grade: 9 10 11 12

Student participates in: Marching \_\_\_\_\_ Color Guard \_\_\_\_\_ Majorette \_\_\_\_\_ Concert/Symphonic \_\_\_\_\_

Mailing Address \_\_\_\_\_ Knoxville, TN Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Student's Cell Phone \_\_\_\_\_

Email Address - Student's \_\_\_\_\_

Email Address - Parent's \_\_\_\_\_

## To Be Completed by Parent or Guardian: *(Please sign where full signature is required)*

- List any medical condition that your child has that the directors should be aware of (list allergies on other side):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- List medications your child takes. Include regular medications as well as medication carried in the event of an emergency:

(i.e.: epipen, asthma inhaler) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- I give permission for my child \_\_\_\_\_ to travel with the Bearden High School Band during the 2007-2008 school year on school buses and coach buses for the purpose of participating in the band's various required activities, including but not limited to football games, concerts, competitions, etc.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

- I give permission to include my child's picture and name on the Bearden High School band website at [www.kornnet.org/bhsband](http://www.kornnet.org/bhsband) for the 2007-2008 school year. I understand that my child's picture and/or name will only appear in connection with band activities such as, but not limited to pictures from band camp, marching events, annual car wash, concerts, award recognitions, etc.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

## Privacy Notice to Parents/Guardians

In order to appropriately care for your child, selected medical information needs to be made available to chaperones via the Chaperone Chairperson(s). Part 1 of this form will be carried to all band activities with the directors and will be considered confidential information and will be divulged only on a need-to-know basis. Part 2 of this form will be copied and placed in a binder that will be carried with the Chaperone Chairperson(s) to all band activities. If you have any questions or concerns, please contact one of the band directors at 539-7816.

I have read and understand the Privacy Notice to Parents/Guardians.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_