

Bearden High School Band Medical & Release Form – Part 1

2011-2012

STUDENT INFO	Name - First		Middle	Last	Nickname	Grade (circle one) 9 10 11 12	
	Instrument - Marching	Instrument – Concert / Symphonic		Adult T-Shirt Size (circle one) SM MED LG XL 2XL 3XL		Home Phone	
	Other <input type="checkbox"/> Color Guard <input type="checkbox"/> Percussion- Front Ensemble <input type="checkbox"/> Drum Major Ensemble <input type="checkbox"/> Other _____					Student's Cell Phone	Gender (circle one) Male Female
	Mailing Address				City / State / Zip		

PARENT/GUARDIAN INFO	Mother/guardian name		Home Phone	Father/guardian name		Home Phone
	Mailing Address (if different than student)		Cell Phone	Mailing Address (if different than student)		Cell Phone
	Occupation		Work Phone	Occupation		Work Phone
	Mother's Email Address			Father's Email Address		
	Other Contact	Relationship to Student	Home Phone	Cell Phone	Work Phone	
	Other Contact	Relationship to Student	Home Phone	Cell Phone	Work Phone	

MEDICAL INFO – DIRECTORS ONLY	In case of an emergency contact the following first: __ Mother/guardian __ Father/guardian					
	Does your child have any Food / Drug allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the section on Part 2 under Medical Information.					
	List any medication your child takes on a regular basis (prescription, non-prescription, or none).					
	Chronic Health Problems / Concerns:					
	Other comments:					

TRAVEL	I give permission for my child _____ to travel with the Bearden High School Band during the 2011 – 2012 school year on school busses and/or 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 _____					

DIRECTORY & PHOTO RELEASE	I give permission to include my child's picture, video images, and/or name on the Bearden High School Band website at www.beardenband.com , and newspaper articles, or in any Band Video CD/DVD created for the 2011-2012 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, fund raising events, etc. As a non-profit organization, we are unable to pay individuals for use of their photographs or video images. In addition, a directory of student/parent information will be compiled and distributed to facilitate communications between parents and various committee chairpersons. The directory will contain student and parent names, home telephone number, address, student grade level, and parent email address.					
	Signature of Parent/Guardian _____ Date _____					

PRIVACY NOTICE	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 and Part 2 of the BHS Band Medical & Release Form AND the Knox County Schools – Medical Release 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 the BSH Band Medical & Release Form will be copied and placed in a binder that will be carried with the head Chaperone to all band activities. If you have any questions or concerns, please Mrs. Christian or Mr. Wilson at 539-7800 ext. 300 .					
	I have read and understand the Privacy Notice. Signature of Parent/Guardian _____ Date _____					

The **BAND MEDICAL & RELEASE FORM, PART 1 AND PART 2 ARE REQUIRED THE FIRST DAY OF BAND CAMP**. THE KNOX COUNTY - MEDICAL RELEASE FORM (NOTARIZED) **MUST BE TURNED IN TO THE BAND OFFICE BEFORE YOU ARE ALLOWED TO TRAVEL OFF-CAMPUS FOR ANY BAND ACTIVITY.**

Bearden High School Band Medical & Release Form – Part 2

2011-2012

STUDENT / CONTACT INFO

Student Name - First		Middle	Last	Nickname	
Instrument - Marching	Instrument – Concert / Symphonic		Other	Grade (circle one) 9 10 11 12	Gender (circle one) Male Female

PLEASE PROVIDE NAME FOR A CHAPERONE TO CALL IF THEY HAVE A QUESTION ABOUT ADMINISTERING MINOR MEDICAL TREATMENT			
1 st Contact – Name	Relationship to Student	Cell Phone	Home Phone
2 nd Contact – Name	Relationship to Student	Cell Phone	Home Phone
3 rd Contact – Name	Relationship to Student	Cell Phone	Home Phone
4 th Contact – Name	Relationship to Student	Cell Phone	Home Phone

MEDICAL INFORMATION

I hereby give my permission for my child _____ to be administered or assisted in the self-administration of the medication listed below by authorized persons in the treatment of a non-emergency medical nature. This includes both at school and off-campus activities. This would include administering medication such as:

Please check Yes or No for each item listed and sign below.

MEDICATION	YES	NO
Neosporin / First Aid Cream		
General First Aid treatment (Bandages, Contact Solutions, etc.)		

NOTE: The BHS Directors or assisting parents will not administer over-the-counter medications.

MEDICATION ADMINISTERED – TO BE COMPLETED BY CHAPERONE/ PERSON GIVING TREATMENT			
DATE	MEDICATION	AMOUNT	INITIALS

Signature of Parent/Guardian _____ Date _____

Please initial ONLY if you want to be contacted if ANY non-emergency medical treatment is administered to your child. _____

List any drug allergy: _____

List any food allergy _____

List any past / current medical condition that your child has that the directors/chaperones should be aware of (use back side if necessary): _____

List any medication your child takes on a regular basis. _____

*****SPECIAL NEEDS ***** See the **Knox County Policy** regarding medications. If your child needs to have special medication available at all events (i.e. – EpiPen, asthma inhaler, diabetic supplies) please indicate below. Medications should be labeled with child's name, accompanied by the appropriate forms, and given to the band director or head chaperone to carry.

EpiPen Inhaler Glucose Tablets Other-specify _____

In the event I cannot be reached in an emergency, I hereby give my permission to Mrs. Megan Christian, Mr. James Wilson, and Chaperones (in the absence of a band director) to secure proper medical treatment for my child _____. A copy of the Knox County Schools – Medical Release form is on file with medical treatment authorization.

Signature of Parent/Guardian _____ Dated _____