

Oak Ridge High School Band Permission and Medical Consent Form

- 1) Please PRINT or TYPE
- 2) Liability Release form must be notarized

Student Name _____ Date of Birth _____

Address _____

Student's Cell: _____

Father's Name _____ Phone (H) _____ (W) _____ (C) _____

Mother's Name _____ Phone (H) _____ (W) _____ (C) _____

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

(Name) _____ Phone _____

(Name) _____ Phone _____

MEDICAL INFORMATION

Insurance Company _____

Policy No. _____

Medical Conditions: _____

Allergy: _____

Usual severity of reaction: Mild Moderate Severe Life-Threatening

Prescription Medications: _____

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

LIABILITY RELEASE

I hereby give my permission and approval as parent / guardian for _____ to attend all activities sponsored by Oak Ridge High School Band of Oak Ridge, 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 may ride with an approved adult driver to these activities or on a bus from an Oak Ridge Schools approved operator. 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 director or chaperone to take whatever steps are necessary to administer first aid as they attempt to contact me by telephone. 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 a copy of this form is as 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 document is accurate and current.

Oak Ridge High School will not be responsible for the liability or insurance coverage of private or public carriers. Neither Oak Ridge 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.

DATE: _____

STATE OF TENNESSEE, COUNTY OF ANDERSON

_____ personally appeared before me, a Notary Public, and 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.

PARENT / GUARDIAN: _____

NOTARY PUBLIC

DATE

COMMISSION EXPIRES

Oak Ridge High School Band
Permission to Administer Non-Prescription Medications

Please indicate if you wish to allow ORHS Band Staff to administer non-prescription medications to your child.

___ **DO NOT** administer any over the counter drugs to my child _____.

___ **YES**, I 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)	<input type="checkbox"/>	<input type="checkbox"/>
Ibuprofen (Advil)	<input type="checkbox"/>	<input type="checkbox"/>
Neosporin or First Aid Creme	<input type="checkbox"/>	<input type="checkbox"/>
Antacid Tablets (tums)	<input type="checkbox"/>	<input type="checkbox"/>
Insect Anti-itch Creme	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

_____/_____

Parent / Guardian Signature and Date