

2014 – 2015 Marion Center HS Marching Band Trip Permission Release Form Health Information Form, Applicable for All Scheduled Band Events

Student's Last Name	Middle	First
Home Phone	Parents' Cell Phone(s)	
Home Address	City	Zip
Instrument	Grade in Fall of '14 7 8 9 10 11 12 G	Age in Fall of '14
Parent or Guardian Name: (Father)		Parent or Guardian Name: (Mother)
Email Address		Email Address
Person to Contact in Case of Emergency, Adult, not Parent	Relationship	Phone
Emergency Contact Person #2	Relationship	Phone
Family Physician or Clinic		Phone
Insurance Provider		
Policy #	Group or I. D. Number	

Health History

Check All That Apply to Student:

- | | | |
|--|---|--|
| <input type="checkbox"/> Chronic Ear Infections | <input type="checkbox"/> Back Injury/Musculoskeletal Disorder | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Bleeding/Clotting Disorders | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Behavioral Problems |

Date of Last Tetanus Shot _____

- Allergies:**
- | | | | |
|---|-------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Animals | <input type="checkbox"/> Insect Bites | <input type="checkbox"/> Plants _____ |
| <input type="checkbox"/> Pollen | <input type="checkbox"/> Bee Stings | <input type="checkbox"/> Foods, List _____ | |
| <input type="checkbox"/> Allergic to the following Medications – List _____ | | | |

Other Health Conditions:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Menstrual Cramps | <input type="checkbox"/> Sleep Disturbances | <input type="checkbox"/> Motion Sickness | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Special Dietary Regimen | <input type="checkbox"/> Glasses/Contact Lenses | <input type="checkbox"/> Other _____ |

Please Describe Completely and How You Would Treat at Home:

Continued on other side

Current Medications:

Any medications needed during a Band event must be in their original container with the dosage instructions and given to the adult supervisor at the beginning of the trip.

If necessary we can administer:

- Tylenol
- Topical Benadryl
- Topical Antibacterial Cream
- Ibuprofen
- Oral Benadryl
- Topical Hydrocortisone Cream
- Other _____

List Any Reason to Restrict Activity on Trips:

List Any Other Pertinent information:

In the event of injury or illness to the child during the trip, and if parents or other listed persons cannot be reached, I/we give permission to the supervising adults to provide for the necessary medical treatment to be given to my/our child. We/I for ourselves/myself and for our/my child, our/my respective heirs, and our/my legal representatives do hereby indemnify hold harmless any of the supervising adults from any and all claims, demands and causes of action of whatever kind and nature for their actions taken pursuant to this authority. I/we agree that in the case of injury to our/my child, we will apply our hospitalization and/or accident insurance toward the payment of the expenses incurred.

I/we give Permission for the above named student to attend all scheduled Marion Center School District, Marching Band events. I also realize failure by the student to comply with all school district policies will result in disciplinary action, and, if possible, parent(s) guardian will be required to pick up child from trip site.

Father/Guardian Signature

Date

Mother/Guardian Signature

Date