

Student's Full Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_

**Rockdale County High School Band**  
**Medical Release and Information Form**

**2009-2010**

**Parent's or Guardian's Permission and Release**

The Rockdale County Board of Education has no responsibility to provide first aid at any Rockdale County High School Band function (rehearsals, performances, field trips, travel, etc.) and the parents/guardians understand that the risk of injury is assumed by the student and parents when they are executing this form. However, in the event physicians, physical therapists, physicians assistants, nurses, or other persons trained in the rendering of first aid are available, as volunteers or otherwise, and render aid to any student injured during the course of any such Band activities or travel, then the parents do hereby agree to release, covenant not to institute any suit or claim, waive, indemnify, hold harmless, release, and discharge the Rockdale County Board of Education, its individual members, agents, employees, and representatives, from any liability arising out of any first aid or immediate treatment of injuries. In addition, the signing parent or guardian authorizes any necessary medical treatment for the student listed above while participating in any Rockdale County High School Band function. Also, the signing parent or guardian will pay any payment of all charges incurred during this medical treatment (physician, hospital, x-ray, lab, drugs, ambulance, etc.).

I understand that the information on this form will be kept confidential. Only the band directors and medical personnel with a medical need to know will have access to this information. By signing this form, I give permission for the band directors to share this information with medical personnel which may be needed to care for my child while my child is under the supervision of the band directors.

\_\_\_\_\_  
Printed name of parent or guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Address (street, city, zip)

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Mother cell

\_\_\_\_\_  
Mother work

\_\_\_\_\_  
Father cell

\_\_\_\_\_  
Father work

**HEALTH HISTORY**  
**(To be completed by Student and Parents)**

**Please complete the following information to provide the best treatment for your child.**

1. Allergies to foods, medications, etc.  
\_\_\_\_\_
2. Special Medical Problems  
\_\_\_\_\_
3. Does student carry medication on person? \_\_\_\_\_ If so, please list:
  - a. Medication \_\_\_\_\_ Purpose \_\_\_\_\_
  - b. Medication \_\_\_\_\_ Purpose \_\_\_\_\_
4. Date of last Tetanus shot \_\_\_\_\_
5. Limited over-the-counter medications are available in the band's first aid kit. Below is a list of medications available. Please initial by the drugs your child may be given if necessary:  
  
\_\_\_\_\_  
Ibuprofen (pain reliever, anti-inflammatory)  
  
\_\_\_\_\_  
Tylenol (pain relief and fever reducer)  
  
\_\_\_\_\_  
Pepto-bismal (GI upsets)  
  
\_\_\_\_\_  
Immodium (diarrhea)

*Rockdale County High School Band Medical Release and Information Form p.2*

Question #5 Continued

\_\_\_\_\_ Benadryl (Allergic reaction)

\_\_\_\_\_ Tums (Indigestion)

\_\_\_\_\_ Primatine Mist, Bronkaid (Inhaler for use in asthma like situations)

\_\_\_\_\_ Cough drops and throat lozenges

\_\_\_\_\_ Allergy eye drops

6. Name of family physician \_\_\_\_\_ Phone number  
\_\_\_\_\_

7. Name of Medical/Hospitalization Insurance Company \_\_\_\_\_  
Policy # \_\_\_\_\_ Group # \_\_\_\_\_

As the parent/guardian of \_\_\_\_\_, I deem all of the medical history information as accurate.  
I will update this information as necessary through the school year.

Parent/guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

***PLEASE NOTE THAT THIS FORM DOES NOT TAKE THE PLACE OF THE  
REQUIRED SCHOOL PHYSICAL FORM AS REQUIRED TO PARTICIPATE IN  
MARCHING BAND.***

***ALL STUDENTS, INCLUDING NON-MARCHERS, MUST HAVE THIS FORM ON  
FILE IN ORDER TO PARTICIPATE IN FIELD TRIPS OF ANY KIND WITH THE  
BAND.***