

Student's Full Name _____
Date of Birth _____

Rockdale County High School Band
Medical Release and Information Form

2010-2011

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)

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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.***