

**Bethel HIGH SCHOOL BAND PERMISSION & MEDICAL INFORMATION SHEET**  
**PLEASE COMPLETELY FILL IN BOTH SIDES OF FORM**

I hereby give my permission for \_\_\_\_\_ to attend **ALL MARCHING BAND PERFORMANCES**.  
**This completed form is due by June 13th, 2019 to confirm participation in the band.**

By signing below, you are committing to the 2019-2020 Marching Band Season and are confirming you will abide by all rules and agree to all policies stated in the 2019-2020 Marching Band Student Handbook.

Parent/Guardian signature: \_\_\_\_\_ Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

	Student	Mother/Guardian	Father/Guardian	Insurance Information	
Name				Insurance Company	
Street Address				Policy Number:	
City				Group Number:	
Home Phone				Emergency Contact	
Cell Phone				Name	
E-mail				Relationship to Student:	
Instrument		NA	NA	Home Phone	
Year of Graduation		NA	NA	Cell Phone	
High School Attending		NA	NA	NA	NA
T-shirt Size (Adult Sizes- <i>circle one</i> )	Small    Medium Large    X-Large XX-Large	NA	NA	NA	NA

I give permission to treat my child, \_\_\_\_\_, by EMT/Ambulance personnel or physician at a medical facility or hospital for any medical or surgical emergency.

Signature of Legal Guardian/Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Health Information**

Please include any medical information that a chaperone would need to be aware of, including all allergies. Please explain the degrees of severity. Thank you.

**Medical Information / Problems:** (i.e. - Asthma, Hyperventilation, Panic Attacks, Diabetes, Epilepsy, Behavioral, etc)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Allergies** (medications, drugs, food, bee stings and/or other): \_\_\_\_\_

Primary Care Provider (PCP) Name: \_\_\_\_\_ PCP Phone Number: \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_

Check and sign here if **NO MEDICATIONS ARE TO BE ADMINISTERED**. If you checked, then you do not need to complete the rest of this form.      **Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**BETHEL HIGH SCHOOL MEDICATION SHEET for MARCHING BAND**

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**PRESCRIPTION & NON-PRESCRIPTION MEDICATIONS**

MEDICATION(S): If your child is on medication during the school day, and is going to need medication during this field trip, the parent/guardian must contact the school nurse, no later than one week in advance of the first band trip to make arrangements for the administration of the medication. Students may not have over the counter or prescription medication except inhalers or EPIPENS in their possession. Please list all medications below and indicate if the medication is to be self administered or administered by school personnel/chaperone and return the PRESCRIBER'S AUTHORIZATION / ORDERS with this form:

**Please list all PRESCRIPTION MEDICATIONS below that you have a completed PRESCRIBER'S AUTHORIZATION / ORDER for:**

Medication Name (i.e. -Epi-Pen)	Dose ( i.e. -1, 200mg pill)	Frequency (every 4 hours as needed)	Diagnosis /Symptoms, what is the medicine being administered for?

All medications must be accompanied by a completed prescriber's authorization form and a pharmacy label containing the Rx number, the name of the medication, the dosage, and directions for administration and the child's name.

**PARENT OR GUARDIAN AUTHORIZATION FOR ADMINISTRATION OF PRESCRIPTION MEDICATION:**

- Parent/Guardian assumes responsibility and gives authorization for self-administration. A Doctor's order still needs to be obtained and submitted.
- Parent/Guardian requests that the above ordered medication be administered by school personnel and/or designated chaperone.

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardians Name (print): \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_