**2024-2025 Volunteer High School Band   
Information, Medical & Release Form**

***Please be sure to print neatly and complete both sides including both signature places on Page 2***

**Student Information**

| **Student Name**  First Middle Last | **Student/Mailing Address** | **Student Phone** |
| --- | --- | --- |
| **Student Nickname** | **Gender (Birth and Gender Identity)** | **Student email** |
| **Student lives with?** | **Home Phone** | **Grade** |
| **Instrument or Position - Marching** | **Instrument or Position - Concert** | **T-shirt size (circle one)**  SM MED LG XL 2XL 3XL |

**Parent/Guardian/Contact Information**

**List in order of authorization to be contacted on questions regarding the student   
or in emergencies including authorization for medical treatment**

| **Parent/Guardian name and relationship to student** | **Home Phone** (if different from student’s) | **Parent/Guardian email** |
| --- | --- | --- |
| **Parent/Guardian Address** (if different from student’s) | **Parent/Guardian Cell Phone** | **Parent/Guardian Work Number** |
| **Parent/Guardian name and relationship to student** | **Home Phone** (if different from student’s) | **Parent/Guardian email** |
| **Parent/Guardian Address** (if different from student’s) | **Parent/Guardian Cell Phone** | **Parent/Guardian Work Number** |
| **Contact name and relationship to student** | **Home Phone** | **Contact email** |
| **Contact Address** | **Contact Cell Phone** | **Contact Work Number** |
| **Contact name and relationship to student** | **Home Phone** | **Contact email** |
| **Contact Address** | **Contact Cell Phone** | **Contact Work Number** |

**Student Medical History** 

| **Any environmental allergies (bees, wasps, animals, etc.) \_\_\_\_\_yes \_\_\_\_\_no If yes please list.** |
| --- |
| **Any food allergies? \_\_\_\_\_yes \_\_\_\_\_no If yes please list.** |
| **Any medication allergies? \_\_\_\_\_yes \_\_\_\_\_no If yes please list.** |
| **Any past or current medical condition that the directors/chaperones should be aware of including any chronic health problems or concerns?** |
| **List all current medications (prescription, non-prescription) that your child takes on a regular basis:** |
| **\*\* SPECIAL NEEDS\*\*** see the Hawkins County Policy regarding medications. If your child needs to have special medication available at all events *(i.e. Epipen, inhaler, insulin)* please indicate below. Medication should be labeled with child's name accompanied by the appropriate forms , and given to band director or head chaperone to carry. If self-carrying medications, please provide copy of completed Self Possession Administration Form that can be found on the Hawkins County Schools website.  EpiPen Inhaler Diabetic Supplies \_\_Other (Please list\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |

**Release for Administration of Non-Prescription Medication**

**General Release for Participation in Band Activities and Medical Treatment**

