

2025-2026 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

I hereby give my permission for my child to be administered or assisted in the self-administration of the medication(s) listed below in the treatment of non-emergency medical nature. This includes both at school and off-campus activities.
Please check YES or NO for each item and sign below

Parent/Guardian Signature _____ *Date* _____

Please indicate in the space above any OTC medications your child is allowed to take.

General Release for Participation in Band Activities and Medical Treatment

I give permission for my child _____ to travel with the Volunteer High School Band during the current school year on school busses and/or coach buses for the purpose of participating in the band's various activities, including but not limited to football games, concerts, competitions, etc. In the event I cannot be reached in an emergency, I hereby give my permission to the band directors, band staff and chaperones (in the absence of a band director) to secure proper medical treatment for my child.

Parent/Guardian Signature _____ *Date* _____