# 2021-2022 VOLUNTEER H.S. BAND MEDICAL & RELEASE FORM-- PART 2

| Name- First | Middle | Last | |
|---|---|---|---|
| Nickname | Gender | T- Shirt Size (adult)<br>SM MED LG XL 2XL 3XL | Grade |
| Instrument- Marching | Instrument- Concert Band | Marching- other *(circle )*<br>Percussion Front Ensemble Color Guard Drum Major | |

**PLEASE PROVIDE NAME FOR A CHAPERONE TO CALL IF THEY HAVE A QUESTION ABOUT ADMINISTERING MINOR MEDICAL TREATMENT**

| 1st Contact Name | Relationship | Phone Numbers |
|---|---|---|
| 2nd Contact Name | Relationship | Phone Numbers |
| 3rd Contact Name | Relationship | Phone Numbers |
| 4th Contact Name | Relationship | Phone Numbers |

I hereby give my permission for my child to be administered or assisted in the self-administration of the medication listed below by authorized persons 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

| MEDICATION | YES | NO |
|---|---|---|
| General First Aid treatments<br>(Contact Solution, Neosporin, bandages, etc.) | | |
| Tylenol (Acetaminophen) | | |
| Advil (Ibuprofen) | | |
| Benadryl | | |
| Tums | | |

Signature of Parent/Guardian _____ Date _____

List any environmental allergy (bees, wasps, animals, etc.)

List any food allergy

List any medication allergy

List any past/current medical condition or medications that the directors/chaperones should be aware of

**** 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 _____

In the event I cannot be reached in an emergency, I hereby give my permission to Mr. Chris Andies, Mrs. Allie Mitchell, Staff, and Chaperones (in the absence of a band director) to secure proper medical treatment for my child _____

Parent Signature _____ Date_____