

**BLANCHARD BANDS MEDICAL RELEASE FORM**

**Please complete all blanks legibly. Attach a copy of your Health Insurance Card if possible.**

Student's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

Father's Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

**Please list the name of someone who could locate parents in the event of an emergency:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Medical information:** Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Chronic Health Problems: \_\_\_\_\_

Allergies to Foods &/or Medications: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Does your child wear contact lenses? YES NO

Non-Prescription Medications - Please INITIAL by all medications that you will allow your child to have in case he/she becomes ill. Generic brands will be given as available. All medications will be given according to the labeled instructions. Medications not initialed will NOT be given.

**Tylenol (Acetaminophen)** \_\_\_\_\_  
**Immodium/Anti-diaarheal** \_\_\_\_\_  
**Dimetapp/Cough Syrup** \_\_\_\_\_

**Advil (Ibuprofen)** \_\_\_\_\_  
**Pepto-Bismol** \_\_\_\_\_  
**Dramamine/Bonine** \_\_\_\_\_

**Tums/Antacid** \_\_\_\_\_  
**Cough Drops** \_\_\_\_\_  
**Benadryl** \_\_\_\_\_

Please list ALL medications your student currently takes (list medication and dosage):

\_\_\_\_\_

**Insurance Information:** Name of Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

ID#: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

I grant the sponsor or other persons in charge permission to:

- obtain medical help if needed, and release the school and sponsors from liability for any occurrence in relation to said activities. The district, its employees, its volunteers, and the Board shall be immune from civil liability for damages or injuries resulting from the administration of medication to my student, provided such administration conforms to the requirements of board policy. I also consent to be the responsible party for the payment of costs associated with treatment or care provided under this authorization.
- discipline my child during any band activity and during any band trip to the same extent as the student could have been disciplined at school. Further if in the sole judgment of any of the above, my child misbehaves or is disruptive or is involved in any behavior or activity that is not permitted under the rules and guidelines established for band or general school rules, or engages in other unacceptable behavior, that child may be disciplined to the same extent as the student could have been disciplined at school, but not limiting to, being prohibited from traveling with the Band or being sent home. I agree that any extra expense for sending my child home will be borne by me as the parent, or guardian of the misbehaving student.
- fully examine clothing, purses, luggage, instrument cases and bags at any time during trips to discover items that students are not to have at school or at school activities, and to remove such items from the control of the student.

I give permission for the above named child to receive medication as instructed. This information has been fully read by me, and I am satisfied that I understand its content and significance.

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

\_\_\_\_\_  
Date