

**BLACKMAN HS BAND MEDICAL RELEASE 2016-2017**

**+General Information** (please print clearly)

*Student Information*

student name \_\_\_\_\_ gender \_\_\_\_\_ grade \_\_\_\_\_ age \_\_\_\_\_  
marching instrument \_\_\_\_\_ concert instrument \_\_\_\_\_  
home address \_\_\_\_\_ city: \_\_\_\_\_ zip \_\_\_\_\_  
home phone (     ) \_\_\_\_\_ student cell phone (     ) \_\_\_\_\_  
student email \_\_\_\_\_ t-shirt size \_\_\_\_\_

*Parent/Guardian Information (if different from above)*

father's name _____	mother's name _____
address _____	address _____
city _____ state ___ zip _____	city _____ state ___ zip _____
home phone (     ) _____	home phone (     ) _____
cell phone (     ) _____	cell phone (     ) _____
email _____	email _____

*Alternate Emergency Contact*

name \_\_\_\_\_ relationship \_\_\_\_\_ phone (     ) \_\_\_\_\_

*Student Health Information*

Does the student have any chronic health issues? (   ) yes     (   ) no

If yes please provide details regarding chronic health issues \_\_\_\_\_

Does the student have any allergies? (   ) yes     (   ) no

If yes please provide details regarding allergy issues \_\_\_\_\_

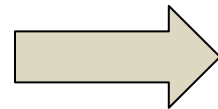
Does the student use an EpiPen? (   ) yes     (   ) no

Does the student take any medication? (   ) yes     (   ) no

If yes please list medications \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

***Continued on reverse side***



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Health Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ phone ( ) \_\_\_\_\_

Please list any other information the directors should know \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

In the event of a minor illness I give permission to the band directors or any chaperone of the Blackman High School Band Boosters permission to administer over-the-counter medication such as Tylenol, Advil, Maalox, Pepto Bismol, Sudafed, Ibuprofen, or Aspirin products to my son/daughter. ( ) **yes** ( ) **no**

***Consent for Medical Treatment***

TO WHOM IT MAY CONCERN, I, the undersigned parent or guardian of:

\_\_\_\_\_   
print name of student

\_\_\_\_\_   
date of birth

hereby grant authorization to the band directors and/or band booster representative(s) of the Blackman High School Band standing *in loco parentis* to obtain any emergency medical and/or surgical procedures from a physician or hospital emergency room physician on behalf of the above-named student.

I agree to indemnify and hold harmless the band directors, staff, or chaperone of the Blackman High School Band for any and all claims, demands, actions, rights of action, and/or judgments by or on behalf of the above-named student arising from or on account of said procedures and/or treatment rendered in good faith and according to accepted medical standards.

I assume the total financial responsibility for the above named member and will not hold the band directors or Blackman High School responsible in the event of a medical emergency.

\_\_\_\_\_   
signature of parent/guardian

\_\_\_\_\_   
date

\_\_\_\_\_   
print name of parent/guardian

State of Tennessee

County of \_\_\_\_\_

Personally appeared before me, \_\_\_\_\_, with whom I am acquainted and who acknowledged the completion of this instrument.

Witness my hand, at office, this \_\_\_ day of \_\_\_\_\_, 20\_\_\_.

\_\_\_\_\_   
Notary Public

\_\_\_\_\_   
Commission Expires

**RETURN FORM TO:**  
BHS Band Boosters  
2441-Q Old Fort Parkway, box 408  
Murfreesboro, TN 37128