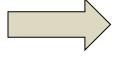
BLACKMAN HS BAND MEDICAL RELEASE 2018-2019

+General Information (please print clearly) Student Information gender____grade ____age ____ student name marching instrument_____ concert instrument_____ _____zip_____zip_____ home address home phone () student cell phone () student email______ shirt size_____ shorts 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 ()_____ 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 d Band Boosters permission to administer over-the-counter me Sudafed, Ibuprofen, or Aspirin products to my son/daughter.	edication such as Tylenol, Advil, Maalox, Pepto Bismol,
Consent for Medical Treatment TO WHOM IT MAY CONCERN, I, the undersigned parent or gu	ardian of:
print name of student	date of birth
hereby grant authorization to the band directors and/or band Band standing in loco parentis to obtain any emergency medi emergency room physician on behalf of the above-named stull agree to indemnify and hold harmless the band directors, stand all claims, demands, actions, rights of action, and/or judg from or on account of said procedures and/or treatment rend standards. I assume the total financial responsibility for the above-name Blackman High School responsible in the event of a medical expansion of the same of	cal and/or surgical procedures from a physician or hospital ident. aff, or chaperone of the Blackman High School Band for any ments by or on behalf of the above-named student arising dered in good faith and according to accepted medical and member and will not hold the band directors or
signature of parent/guardian	date date
print name of parent/guardian	
State of Tennessee	
County of	
Personally appeared before me,acknowledged the completion of this instrument.	, with whom I am acquainted and who
Witness my hand, at office, thisday of	, 20
Notary Public Commission Expires	RETURN FORM TO: BHS Band Boosters 2441-Q Old Fort Parkway, box 408 Murfreesboro, TN 37128
Commission Expires	IVIGITICCSDOTO, TIN 3/120