

BLACKMAN HS BAND MEDICAL RELEASE 2019-2020

+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 _____ 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 () _____
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