

# Band Medical Form 2018-2019

Student Name: \_\_\_\_\_  
Last Name First Name

Please complete all information:

Instrument/Section: \_\_\_\_\_ Graduation Year: \_\_\_\_\_ Gender: M F

Emergency Contact Name(s): \_\_\_\_\_

Emergency Contact Cell Phone Number(s): \_\_\_\_\_

Parent/Guardian Names if different from above: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Physician Telephone Number: \_\_\_\_\_

Specify any medical conditions of which an attending physician should be aware of:

Please list ALL over the counter and/or prescription medications, with dosage, your child has your permission to possess and administer during band functions, including overnight trips:

Insurance Policy Holder: \_\_\_\_\_ Employer: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy No. \_\_\_\_\_ Group No. \_\_\_\_\_

**CONSENT:** I, the parent/guardian listed above, give my permission for the above-named student, to participate in Brentwood Band functions and to travel to and from off-campus band functions via transportation provided by the band program. I certify that the insurance information provided above is accurate. I am providing this information voluntarily and thus waive HIPPA requirements.

If deemed necessary by school officials during a band function, I grant permission to the attending physician to proceed with any medical or minor surgical treatment, x-ray examinations, and immunizations for the above-named student. In the event of a serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way. If said physician is not able to communicate with me, the treatment necessary in the best interest of the student may be given.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF TENNESSEE, COUNTY OF \_\_\_\_\_

Personally appeared before me, \_\_\_\_\_, a Notary Public of said county, \_\_\_\_\_, the within named signatory with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence and who acknowledged that he/she executed the within instrument for the purposes therein contained.

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

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

My Commission Expires: \_\_\_\_\_