

Student Name: _____

Section: _____

Hebron High School Band Medical Release Form

I understand that my child is responsible for his/her actions. My child has permission to travel on any and all public or commercial vehicles during a school sponsored trip. In the event that my child requires medical treatment, I authorize the Band Directors/Chaperones to act on my behalf, at my expense, in securing medical attention deemed necessary for the welfare and benefit of my child. I also hereby release school officials, chaperones, resort personnel, and festival officials from any liability for actions taken in the normal course of their duties.

Student's Date of Birth: _____

Known Allergies: _____

Medications Currently Being Used: _____

Local Physician Name & Phone Number: _____

Name of Medical Insurance Company: _____

Insured: _____

Policy or Group Number: _____

Mother's Name: _____

Home Phone: _____

Cell Ph: _____

Work Ph: _____

Email: _____

Work Email: _____

Father's Name: _____

Home Phone: _____

Cell Ph: _____

Work Ph: _____

Email: _____

Work Email: _____

Parent Signature

Date

LISD Drug Policy

LISD policy allows for students to keep prescriptions and/or over-the-counter medications with them, provided students have a note with dosing instructions signed by their parent/guardian. If preferred, medications and instructions may be given to a director/chaperone to be dispensed at the appropriate time. Students may not share any medications, nor receive any other medications from any other parent/student. All controlled substances such as narcotic pain medications, Ritalin, etc., must be collected by the directors/designated chaperone with appropriate dosing instructions signed by the parent/legal guardian. All medications must be in the original container.

Parent/Guardian Signature: _____

Student Signature: _____