



ROCKVALE BAND

rockvaleband.com | rockvaleband@gmail.com

Medical Release and Travel Permission

Student Name _____

Parent/Guardian 1 Name _____ Phone _____

Parent/Guardian 2 Name _____ Phone _____

First contact in case of emergency: Parent/Guardian 1 or Parent/Guardian 2

If neither parent/guardian can be reached contact:

Name _____ Phone _____ Relationship _____

Student's Physician _____ Phone _____

Health Insurance Company _____ Policy # _____

Are there medical problems, allergies, or other information that would be helpful in providing a safe environment while your child participates in band activities and trips? Yes/No

If Yes, explain: _____

Date of last Tetanus shot: ____/____/____

Medications currently in use: _____

I give permission for the Rockvale High School staff, Medical Staff, or Adult Chaperones to provide the following over the counter medications in case of injury or illness:

(Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Do not administer any OTC medications to my student | | |
| <input type="checkbox"/> Tylenol (Acetaminophen) | <input type="checkbox"/> Benadryl | <input type="checkbox"/> Throat Lozenges |
| <input type="checkbox"/> Advil, Motrin (Ibuprofen) | <input type="checkbox"/> Pepto Bismol | <input type="checkbox"/> Decongestant |
| <input type="checkbox"/> Aleve (Naproxen) | <input type="checkbox"/> Antibiotic Ointment | <input type="checkbox"/> Anti-Motion Sickness |

My child has permission to travel with the band to any band performance or function. In case of an emergency I give permission for my child to be treated by a health care professional:

Parent's Signature: _____ Date: _____

Before me, a Notary Public, in and for Rutherford County, TN, personally appeared _____, with whom I am acquainted and who acknowledged the completion of this instrument.

Witness my hand and official seal of office on this the ____ day of _____, 20__.

Commission Expires _____ Notary Public _____