
**PARKVIEW HIGH SCHOOL BAND
MEDICAL RELEASE FORM
2007 - 2008**

Student's Name: _____ Grade: _____
Band Class: (circle one) Concert 1 Concert 2 Symphonic
Parent Name(s): _____
Address: _____
City: _____ State: _____ Zip: _____
Home : _____ Work: _____
Pager or Cell Phone: _____
Parent Email: _____

Emergency Contact: _____ Phone: _____
Relationship: _____
Doctor's Name: _____ Phone: _____
Insurance Company: _____ Policy: _____

(Check box and list concerns, if applicable)

- My child is on medication: _____
 My child has special needs or concerns _____
 My child has allergies: _____
 My child **MAY NOT** be given: _____

My child may take (without further permission, check all that apply) :

- Advil Tylenol Pepto Bismol Benadryl

MEDICAL DISCLAIMER: This must be completed for every student.

I hereby give my permission to the Parkview High School Band chaperones and staff to administer over the counter medication, as listed above, to my child during Band Activities (Band Camp, Football games, Competitions, band trips, etc.), if necessary. I also give permission to transport my child to the nearest medical facility in case of an emergency.

Parent/Guardian Signature: _____ Date: _____