

## Permission for Medical Treatment School Year 2017 - 2018

**Marching band:** This form is due on or before the **1st day of band camp**.

**Concert students:** This form is due on or before the **1st day school**.

### **PLEASE FILL OUT COMPLETELY!!**

#### TO WHOM IT MAY CONCERN:

I, the undersigned, being the parent, legal guardian, or legal next of kin of:

(student name) \_\_\_\_\_ hereby authorize any necessary medical treatment for this person while participating with the Mills E. Godwin High School Band. I also guarantee payment of all charges incurred during the treatment (ambulance, physician, hospital, x-ray, lab, drugs, etc.). In regard to such person, I submit the following information:

Date of Birth \_\_\_\_\_ Home address \_\_\_\_\_

Phone # \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Family Physician \_\_\_\_\_ Tel # \_\_\_\_\_

Father's Name \_\_\_\_\_ Business # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Business # \_\_\_\_\_

Emergency Name & Number (other than parent) \_\_\_\_\_ Medical \_\_\_\_\_

#### History:

1. Date of Tetanus shot \_\_\_\_\_
2. List any & all food allergies \_\_\_\_\_
3. List any allergies to medication \_\_\_\_\_
4. Special Medical Problems \_\_\_\_\_

5. Is student now under medical care? Please describe: \_\_\_\_\_

6. Does the student wear contact lenses? \_\_\_\_\_

7. Does the student carry medication on person? If so, please list: \_\_\_\_\_

8. Circle the over the counter medication(s) that your child can receive:

a) My child can be administered any over-the-counter medication that is appropriate (circle statement).

b) Tylenol, Advil, Aspirin, Pepto Bismol, Other: \_\_\_\_\_

**IF NEITHER IS CIRCLED, NO OTC MEDICATIONS CAN BE ADMINISTERED!!**

**I will notify school officials of any changes in above information during the school year.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**TRAVEL FORM**  
**School year 2017 - 2018**

We, the undersigned parents/guardians of \_\_\_\_\_ give permission for this student to go on field trips (to practices, games, festivals, competitions) with the Mills E. Godwin High School Band. We understand that these trips will normally be by school bus. For distance trips, the band will use charter buses. We agree not to hold Henrico County, Mills E. Godwin High School, GHS personnel, or the Godwin Band Boosters responsible in the event of an accident.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_