

Medical Treatment Permission and Release
2008 – 2009 Academic School Year

_____ has my permission to participate in the Scotland High School Band and all associated activities. The Band Director, or designated supervising adult in charge, has my permission to seek medical treatment for my child in the event of injury or illness during any Band activity for the school year 2008-2009. I release and hold harmless, the school system, the school and all the sponsors of all liability resulting from the treatment of my child.

IN CASE OF INJURY OR ILLNESS, EVERY EFFORT WILL BE MADE TO CONTACT PARENTS OR GUARDIANS BY TELEPHONE IN ADVANCE OF ANY TREATMENT, UNLESS EMERGENCY IS LIFE THREATENING.

In witness of my/our consent and agreement to the matters stated above, I/we have subscribed my/our signatures below:
(If both parents live in the home, both signatures are required.)

Father/Guardian Signature

Mother/Guardian Signature

Date

Date

INSURANCE INFORMATION

Company: _____ Policy Number: _____

Medications the above listed student participant may be allergic to: _____

Medication(s) currently being administered is/are: _____
Medication is for the treatment of: _____
We cannot administer any type of over-the-counter medication (Tylenol, Advil, etc...) without your permission. If your student requires this type of medication, please list it above.

Does your student participant have any physical limitations which could hinder any activities:

Yes No If yes, please explain: _____

****If you answered yes, special arrangements must be made prior to the commencement of band camp. Please call the band room at (910) 276-7370 x 4126 to make special arrangements.**

Mother/Guardian Home Telephone:(____) _____ Work:(____) _____ Cell: (____) _____

Father/Guardian Home Telephone:(____) _____ Work:(____) _____ Cell: (____) _____

Student Email: _____

Parent Email: _____

Other Emergency Contact:

Name _____

Home Telephone:(____) _____

Relationship _____

Work Telephone:(____) _____