

Canal Winchester High School Instrumental Music

Parent Permission and Medical Treatment Authorization Form

My child, (Full Name) _____, has permission to participate in the Canal High School Instrumental Music program for the **2011-12** school year. I understand that my child will be traveling to various locations within the State of Ohio to participate at band camp, in band contests, parades, and to entertain at football games. **During these activities, I can be reached at:**

Name: Mother _____

Father _____

Home Address:

Mother _____

Father _____

Home Phone:

Mother _____

Father _____

Work Phone:

Mother _____

Father _____

Cell Phone:

Mother _____

Father _____

If I cannot be reached in the event of an emergency, the following Canal Winchester School Staff School and/or personnel are authorized to act on my behalf in authorizing medical treatment for my child: **Any School Board Approved Staff**. Further, I hold Canal Winchester School System, Canal Winchester High School, Canal Winchester Bands, and the above named individuals, harmless in directing emergency medical treatment for my child.

Further, I know that marching band is a physical activity and is potentially hazardous, and that my child should not march unless medically able. I agree to abide by any decision of a band official relative to my child's ability to march. I further assume all risk associated with band activities, including, but not limited to marching band. I, for myself, for my child, for anyone entitled to enact on my behalf, and for those on whoms behalf I am entitled to act, which shall be deemed to include my child's other parent or

guardian, release, waive, and hold harmless, Canal Winchester School System, Canal Winchester High School, Canal Winchester Band, and any of it's members, and all sponsors, their representatives, successors, or assigns, from all claims of liabilities of any kind arising from my child's participation or association with the Canal Winchester Band even if the liability may arise out of the negligence, carelessness or omission on the part of anyone or any group named on this waiver.

Student's Physician

Name: _____
Address: _____
Phone: _____ Fax Number: _____

Insurance Information

Company Name: _____ Employee's Name: _____
S.S. Number _____
Company Address: _____ Employer's Name: _____
Company Phone: _____
Policy Number: _____ Employer's Address: _____

Student's Medical History

Date of Birth: _____ Date of last Tetanus Shot: _____
S.S. Number: _____

Does the student have?

Contacts	Yes	No
Retainers	Yes	No
Glasses	Yes	No
Hearing Aids	Yes	No
Sleeping Disorders	Yes	No

(If yes, explain)

Chronic or existing medical conditions (i.e. asthma, seizures, diabetes, etc.)

_____.

- If prescription medication is necessary, physician documentation is required for each prescription medication.

Known Allergies and Reactions

- _____ Anesthetics
- _____ Antibiotics
- _____ Shellfish
- _____ Tetanus Toxoid
- _____ Aspirin
- _____ Codeine
- _____ Demerol
- _____ Insects
- _____ Morphine

- _____ Novocain
- _____ Penicillin

- _____ Others
- _____ Bee/ Insect Stings
- _____ Peanut/ Nut Products
- _____
- _____

Current Daily Medications (Please list purpose and times to be taken. **Inhalers** - If you use an inhaler, please list the type, and how or when it is to be used.)

Do we have permission to give your child?

Tylenol	Yes	No
Advil	Yes	No
Aspirin	Yes	No
Benadryl	Yes	No
Calamine Lotion	Yes	No
Ivy Dry	Yes	No
Cough Drops	Yes	No
Antacids (Tums)	Yes	No

I understand that the above information is considered confidential by the Canal Winchester Band, and will not be used for any purpose other than providing emergency medical treatment to my child.

Date: _____ By: _____
(Signature of Parent (s) or Guardian (s))

Please Read Carefully:

- 1. Please submit a photocopy of your insurance card with this form.**
- 2. Those of you without insurance must have verification of school insurance.**