



GHS Band Medical Release Form

All rules, regulations and punishments, as approved by the York County School Board, and listed in the GHS Student Handbook are applicable during the 2023-2024 marching season. Your signature below indicates that (1) you are aware of the rules and that you agree that the attending student will follow them and (2) you give your permission for your student to go on all band field trips for the 2023-2024 school year.

Student's Name (Please Print) _____

Student's Date of Birth _____ Grade _____ Student Phone# _____

Insurance coverage is provided by _____

Policy Number _____. The parent(s) will provide payment for any medical treatment for my son/daughter while traveling or performing with the band. I also agree to pay any additional medical or transportation expenses that arise from any emergency, whether medical or behavioral.

Family Physician _____ Phone# _____

Parent's Name (Please Print) _____

Parent Signature _____ Date _____

Parent/Guardian _____ Phone# _____

Parent/Guardian _____ Phone# _____

Emergency Contacts - Used only if unable to reach parents/guardians

Name _____ Relationship _____ Phone# _____

Name _____ Relationship _____ Phone# _____

PLEASE NOTE ANY MEDICAL PROBLEMS AND LIST ALL MEDICATIONS THAT MUST ACCOMPANY YOUR STUDENT. IF THE STUDENT HAS FOOD OR DRUG ALLERGIES, PLEASE NOTE. IF NONE, PLEASE STATE NONE.

Medical Conditions (Acute and/or Chronic):

Medications/Dosages:

Drug/Food Allergies:

Is student prone to motion/car sickness? _____

PLEASE SIGN YOUR INITIALS BESIDE ANY MEDICATIONS YOUR CHILD RECEIVE FROM A CHAPERONE FOR MINOR DISCOMFORTS:

Benadryl _____ Advil _____ Tylenol _____ Sudafed _____ Claritin _____

Dramamine _____ Emetrol _____ Immodium _____ Pepto Bismol _____ Robitussin _____

Cough Drops _____ Tums _____ Benadryl Cream _____ Neosporin Ointment _____ Pamprin _____

ANY OF THE LISTED _____ EQUIV. GENERIC MAY BE USED _____