



## GHS Band Medical Release Form

All rules and regulations and punishments, as approved by the York County School Board, and listed in the GHS Student Handbook are applicable during the 2025-2026 school year. 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 2025-2026 school year.

Student's Name (Please Print) \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Student Cell Phone \_\_\_\_\_

Insurance coverage is provided by \_\_\_\_\_

Policy Number \_\_\_\_\_ and will provide payment for 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 Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Name (Please Print) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

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 MAY REQUEST/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 \_\_\_\_\_