



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 2024-2025 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 2024-2025 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 _____