

(Marching Band 2020-21)

Lake-Lehman Band Medical Permission Form School Year 2020-2021

Completion of this form is necessary for us to be able to secure prompt medical treatment for your child should the need arise. All information on this form will be kept confidential.

I, _____, the parent/guardian of _____, who is participating in Marching Band, Indoor Percussion, Indoor Colorguard, Jazz Band or other competition unit or field trip of Lake-Lehman Band, do give permission for the chaperones and authorized personnel on any trip to act "in Loco Parentis," in order to secure emergency treatment for illness or injury to my child should this be necessary.

***** I will notify the Director and chaperone in charge prior to departure from the school if taking prescription medications, using an inhaler, or EPI pen so that medication may be administered at the appropriate times by designated adults.**

HEALTH HISTORY:

Allergies: _____ Immunizations up-to-date : Y or N

List any other existing medical conditions and usual treatment:

Health Insurance Carrier: _____

Policy or agreement number: _____

***** If your child is not covered by any insurance plan, the school regulations state that you must purchase the 24-hour health plan offered by the school.**

EMERGENCY CONTACTS:

1. Name _____ Relationship _____ Ph: _____

2. Name _____ Relationship _____ Ph: _____

Name of primary physician: _____ Ph: _____

Parent/Guardian Authorization:

I attest that the information in this document is correct to the best of my knowledge and that the student herein described has my permission to engage in all activities unless otherwise noted by me. I give my permission to the physician and hospital selected by the chaperone to hospitalize and/or secure the proper treatment for my child. I understand that this authorization will be used only in the event that the chaperone is unable to contact any of the above listed emergency numbers. Furthermore, the student and his/her parent(s) or guardian(s) to hereby release, remise and forever discharge the Lake-Lehman School District, its administrators, directors, agents, servants, employees and volunteers from any and all manner of action(s), cause(s) of action, suits, damages, claims, demands whatsoever which may result now or in the future as a result of participation in any band related activities.

Signature of Parent/Guardian: _____ Date: _____

Parent/Guardian Phone:

Home _____ Work _____ Cell _____

Home _____ Work _____ Cell _____