

Franklin High School Band Student Medical and Travel Form

*** This form MUST be COMPLETED, NOTARIZED & RETURNED to the band office by 7/10/20***

PERSONAL INFORMATION (All fields must be completed)

Student's Name _____ Grade _____ Sex _____ DOB _____

Home Phone _____ **Student's Cell Phone** _____

Full Address _____

EMERGENCY CONTACTS **Please star preferred number and primary guardian(s)

Mother (Guardian) Name: _____ Email: _____

Cell # _____ Home # _____ Work # _____

Father (Guardian) Name: _____ Email _____

Cell # _____ Home # _____ Work # _____

Other Name: _____ Relationship _____ Email: _____

Cell # _____ Home # _____

CONSENT FOR TRAVEL & MEDICAL RELEASE (JUNE 1, 2020 - MAY 31, 2021)

Please **INITIAL by each section indicating you have read and agree to the information**

___ I consent for the above named student to travel with the Franklin High School Band to any band activity (including but not limited to band camp, contests, parades, performances, and football games).

___ I consent to any medical treatment of any nature rendered by any licensed medical professional or institution if deemed necessary, to the above named student during any travel with the Franklin High School Band. I consent to the sharing of medical information with other health care providers or school staff if medically necessary. I consent to the transport of the above named student in a private vehicle for non-emergent care if necessary. I further release from liability any person or entity whatsoever who renders any medical assistance or treatment to the above named student during any travel with the Franklin High School Band.

___ I consent to the following medication being administered to the above named student during any Franklin High School Band event. Please **CROSS OUT** any medication you **DO NOT** wish your child to receive.

*IBUPROFEN *ACETAMINOPHEN (TYLENOL) *ANTACID tablets *BENADRYL

*TOPICAL HYDROCORTISONE *TOPICAL ANTIBIOTIC OINTMENT

___ I understand that students who take additional medication (prescription or over the counter medication) must secure those medications with the designated medical attendant prior to and for the duration of the function unless other arrangements are made prior to the function.

___ I understand that while the above named student is involved with any and all extracurricular activities with Franklin High School Band, that all the rules and regulations of WilliamsonCounty Board of Education and those outlined in the Franklin High School student handbook apply. As a parent, I fully understand the zero tolerance policy regarding all drugs and alcohol.

HEALTH HISTORY: Student Name: _____

List all current illnesses: _____

List any significant previous illnesses, surgeries, or injuries: _____

Present state of physical and psychological health: _____

List all current medications student is taking or will be taking throughout the band season:

Date of last Tetanus shot: _____

List all allergies to medications: _____

List all allergies to food: _____

Gluten free diet: _____ Vegetarian diet: _____

Indicate if latex allergy: (yes or no) _____

Does student wear contact lenses? _____

Date of last physical exam? _____

Any additional information you think would be helpful for staff and medical personnel to know:

HEALTHCARE AND INSURANCE INFORMATION:

Name of Physician: _____ Phone: _____ Fax _____

Name of Dentist: _____ Phone: _____ Fax: _____

Insurance Company: _____ Subscriber Name: _____

Group Name: _____ Group # _____ ID # _____

I, the parent or guardian of the above named student, certify that the insurance and medical information is accurate and that I give permission for medical treatment to be administered to my child if necessary.

(Signature of parent or legal guardian)

(Signature of Notary)

Date _____

Date _____ Commission Expiration _____

Return by July 10, 2020
Drop off in the Band Booster Room locked Mailbox or
May mail to: FHS Band Booster, PO Box 1371, Franklin, TN 37065-1371