MILTON HIGH SCHOOL BAND - MEDICAL FORM

This permission slip and medical record must be completed, where applicable, signed by Parent, and returned to the directors. This form will cover any trip the band makes during the 2024-25 School Year.

Band Parent: Please complete and return.

Student's Name_____ Grade_____ Section/Instrument_____

Address_____ City_____ State_____ Zip_____

Home Phone_____ Birthdate____ / ____ / ____

Parent's Information:

Father's/Guardian 1's Name _____ Cell _____ Work_____

Mother's/Guardian 2's Name _____ Cell _____ Work_____

*List any illnesses and symptoms your child may have:_____

_____

*List Prescription Medications that your child takes regularly:_____

_____

*List Non-Prescription Medications that your child may **NOT** take (Please note that a student will be given the appropriate "over the counter" medication as needed for their symptoms):

_____

_____

*List any Allergies your child may have: _____

*Please check all that apply for the student:	YES	NO	COMMENTS (List any specifics to each below)
Diabetes	___	___	_____
Allergies	___	___	_____
Seizures	___	___	_____
Contact Lenses	___	___	_____
Glasses	___	___	_____
Hearing Aid	___	___	_____
Asthma	___	___	_____

*List Insurance Company: School Policy_____ Other_____

Insurance Policy #_____ Name of Insurance Company_____

*List person to be notified if parents cannot be reached:

Name_____ Phone Number_____

The patient and others whose signatures are attached below do hereby give permission for the supervising school board employee or licensed medical personnel to purchase and administer the previously mentioned non-prescription medications to the student for unexpected illness that may occur while away from school. In case of emergency, when parent, guardian, or other designated individual cannot be reached, I hereby authorize school officials to take my child to the nearest emergency care facility for treatment as necessary.

IN WITNESS OF OUR CONSENT AND AGREEMENT TO THE MATTERS STATED IN THE TWO PRECEDING SENTENCES, WE HAVE SUBSCRIBED OUR SIGNATURES BELOW.

_____

Name of Parent/Guardian (Printed)

_____

Signature of Parent/Guardian

_____

Date