

Student Name \_\_\_\_\_

Parents Name \_\_\_\_\_

School Year 2024-25

## Woodmont High School Band Medical Information and Permission Form

### Section 1: Permission to Participate/Travel

My son/daughter \_\_\_\_\_ has my permission to participate in all activities of the Woodmont High School Band. These activities include rehearsals, performances, and transportation to and from performances. Performances will include football games, parades, contests, concerts, and other events at the request of the director and/or principal.

### Section 2: Emergency Contact Information

Parent Name(s) \_\_\_\_\_ Parent Home Number \_\_\_\_\_

Parent Cell Number \_\_\_\_\_ Parent Work Number \_\_\_\_\_

Home Address \_\_\_\_\_

Email Address (es) \_\_\_\_\_

Student's Primary Doctor (name, phone, address) \_\_\_\_\_

Insurance Information (Carrier Name, ID #, Group #, Policy #, phone):  
\_\_\_\_\_

Please list at least one other person that we can try to contact, if we cannot reach you during an emergency.

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

### Section 3: Medical Limited Power of Attorney

If a serious emergency arises, it may be necessary for a physician to attend to your son/daughter before the staff could get in touch with you or your designated physician. Such care can be provided only if you sign the following AUTHORIZATION FOR MEDICAL TREATMENT.

I give the teacher or administrator in charge of my son/daughter limited power of attorney to act in my absence and see that my daughter/son \_\_\_\_\_ gets whatever medical treatment necessary in case of sickness or accident.

### Section 4: Emergency Medical Information

If your child's information changes, please be sure to update this form.

Date of birth: \_\_\_\_\_ Date of last Tetanus shot: \_\_\_\_\_

List any medical history that your child may have. Please include dates.  
\_\_\_\_\_  
\_\_\_\_\_

List any surgeries that your child has had. Please include dates .  
\_\_\_\_\_  
\_\_\_\_\_

List any allergies that you child may have. Please include allergies to medicines, insects, and food or contact allergies.  
\_\_\_\_\_  
\_\_\_\_\_

List any medicine prescribed by a doctor that you child is currently taking. Please include the name, the dosage, and the frequency that the medicine is taken.  
\_\_\_\_\_  
\_\_\_\_\_

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### Section 5: Permission to Dispense Over the Counter Medicine

Over the Counter Medication (OTCs): If students become ill on a trip, the booster club will keep a limited supply of OTCs to make them comfortable until we return, or until a parent arrives. Below are the OTCs we try to have on hand. Brand names are for reference. We use mostly generics to keep costs down. A chaperone controls these supplies, and a record is kept when they are dispensed. If there are any OTCs that you do not want your child to have, please check the NO column. OTCs will be dispensed in the amount and at the frequency specified on the container.

Item	Typical Brand	NO
Antibiotic first aid cream	Neosporin	
Ibuprofen pain reliever/fever reducer	Advil, Motrin	
Acetaminophen pain reliever/fever reducer	Tylenol	
Bismuth salicylate – upset stomach, etc	Pepto Bismol	
Diphenhydramine HCL – allergic reaction	Benadryl	
Loperamide HCL – anti-diarrheal	Imodium	
Natural Tear eye Drop	Refresh	
Anti Nausea liquid	Emetrol	
Cough Drops	Hall’s	
Motion Sickness relief	Dramamine	
Aloe Vera Gel – Sunburn care	Banana Boat	
Anti-Itch Cream	Lanacaine	
Fire Ant/Mosquito/Bee/Wasp sting relief	After Bite	
Antacid	Tums, Rolaids	
Sun Screen – If case you forget your sun screen	Coppertone	

Prescription Medication: If you would like to send prescription medicine for the staff/chaperones to hold for your child, a locked first aid case will be carried on trips. You must send the medicine in the original container with your child’s name and prescription details such as medicine name and dosage clearly marked. Any unused prescription medicines can be picked up at the end of the season. If your child uses an inhaler or EpiPen, you are encouraged to send a spare for us to keep on hand.

Social Security Number: In a medical emergency, medical health professionals will eventually need your child’s SSN. Please make sure that both you and your emergency contact have that number. The original of this form will be kept at the high school. Copies will be taken on each trip. If your child requires medical attention, a copy may be given to the medical staff treating your child.

### THIS FORM MUST BE NOTARIZED

\_\_\_\_\_  
Signature of Parent Legal Guardian Date

State of South Carolina, County of Greenville

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public of South Carolina

\_\_\_\_\_  
My Commission Expires