



# Rhea County High School Band 2022- 2023 Travel Permission and Emergency Medical Release Form

Allergy Alert  
 Medical Alert

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Guardian 1: <input type="checkbox"/> First Contact in Emergency	Guardian 2: <input type="checkbox"/> First Contact in Emergency
Name: _____	Name: _____
Address: _____	Address: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____
In Case of Emergency, contact other than parents:	
Name: _____	Phone: _____
Relationship: _____	

Student's Physician: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 We do not have a family physician  
• Are there medical problems, allergies, or other information that would be helpful in providing a safe environment while your child participates in band activities or trips?  Yes  No  
• If yes, give details: \_\_\_\_\_  
• Medications currently in use: \_\_\_\_\_

I give permission for the Rhea County High School Band staff or Adult Chaperones to provide the following over the counter medications in case of injury or illness (check all that apply.)

Tylenol (Acetaminophen)    Advil/Motrin (Ibuprofen)    Aleve (Sodium Naproxen)    Benadryl  
 Pepto-Bismol    Imodium    Antibiotic Ointment    Bee Sting Swab

• Health Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
 We do not have health insurance

My child has permission to travel with the band to various band performances and functions. In case of an emergency, I give permission for my child to be treated by a health professional.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Notary Public: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

