

# Franklin Wildcat Band

## Emergency Contact and Medical Information for a Child

Child's Name	Date of Birth	M	F
Parent's/Guardian's Name	Parent's/Guardian's Name	Sex	
Home Phone	Work Phone	Home Phone	Work Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

## Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact
Home Phone	Home Phone
Work Phone	Work Phone
Address	Address
City, ST ZIP Code	City, ST ZIP Code

## Medical Information

Hospital/Clinic Preference	
Physician's Name	Phone Number
Insurance Company	Policy Number

Medical Conditions \_\_\_\_\_

Allergy: \_\_\_\_\_  
(Circle One) Usual severity of reaction: Mild Moderate Severe Life-Threatening

Allergy: \_\_\_\_\_  
(Circle One) Usual severity of reaction: Mild Moderate Severe Life-Threatening

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## LIABILITY RELEASE

I hereby give my permission and approval as parent / guardian for \_\_\_\_\_ to attend all activities sponsored by Franklin High School Band of Franklin, OH. It is my understanding that these activities will be conducted within and without the State of Ohio and that some of the activities will be physically strenuous. I understand that my child may ride with an approved adult driver to these activities or on a bus from an Franklin Schools approved operator. I understand that my child must obey all rules and regulations, which will be clearly stated prior to the event. In case of serious violation of any rules or regulations, I will be notified by telephone, if possible, and arrangements will be made for the child to return home. Should the above discipline be necessary, I agree to be responsible for any expense incurred.

In the event that my child becomes ill or sustains an injury while participating in a Band activity, I give permission to a director or chaperone to take whatever steps are necessary to administer first aid. In the event that I cannot be reached by telephone, I also consent to an X-ray examination, anesthetic, medical, dental, or surgical diagnosis and treatment including hospital care if necessary and the administration of drugs or medicine to be rendered to my child under the general or specialized supervision and upon the advice of a duly licensed physician and / or surgeon. I understand that this consent will apply to all emergency situations and a copy of this form is as valid as the original. This consent shall remain in effect until written revocation is made.

I further agree that the medical and emergency information provided on this form and any attached document is accurate and current.

Franklin High School will not be responsible for the liability or insurance coverage of private or public carriers. Neither Franklin High School nor the sponsors will be responsible for personal injury to my son/daughter or for the loss or damage to his/her personal property.

I understand that on any authorized band trip my son/daughter has the privilege and responsibility for making up his/her work missed.

**PARENT / GUARDIAN:** \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Permission to Administer Non-Prescription Medications

Please indicate if you wish to allow FHS Band Staff to administer non-prescription medications to your child.

\_\_\_ DO NOT administer any over the counter drugs to my child \_\_\_\_\_.

\_\_\_ I hereby give my permission for my child \_\_\_\_\_ to receive treatment of a non-emergency medical nature. This would include administering medication such as:

Medication	Yes	NO
Acetaminophen (Tylenol)	<input type="checkbox"/>	<input type="checkbox"/>
Ibuprofen (Advil)	<input type="checkbox"/>	<input type="checkbox"/>
Benadryl	<input type="checkbox"/>	<input type="checkbox"/>
Calamine Lotion	<input type="checkbox"/>	<input type="checkbox"/>
Neosporin or First Aid Creme	<input type="checkbox"/>	<input type="checkbox"/>
Antacid Tablets/Liquids	<input type="checkbox"/>	<input type="checkbox"/>
Cold and Sinus Tablets	<input type="checkbox"/>	<input type="checkbox"/>
Bee/Insect Sting	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_

Parent / Guardian Signature and Date

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