

## NHS MARCHING BAND 2018-2019 MEDICAL PERMISSION FORM

Student Name:			
First		M.I.	Last
Medications Taken On c	a Regular Basis:		
Please <b>initial</b> beside each	type of medication your child	d can receive	:
Benadryl	Tylenol		Advil
Antacid	Pepto Bismol		
<b>volunteers</b> . Our volunteers your consent on this complete, etc.), please make su	are unable to give any med eted form. If your student has	ication to a stu s prescription r nese devices c	edication from our band booster medicudent, even for a minor headache, witho medications (i.e. rescue inhaler, epinephrinalways while participating in band activities kits.
Please provide the follow	wing information in case o	f emergency	<i>/</i> :
Insurance Company Na	me:		
Policy Number:			
Policy Holder:			
Insurance Company Pho	one:		
Parent/Guardian Emerg	ency Phone:		