

NHS MARCHING BAND 2019-2020 MEDICAL PERMISSION FORM

Student Name: Firs	<u> </u>		M.I.	Last	
Medications Taken	On a Regular Bo	asis:			
Please CIRCLE the ap	propriate consen	t beside each t	type of medica	ion your child can receive	»:
Benadryl	YES	NO			
Tylenol	YES	NO			
Advil	YES	NO			
Antacid	YES	NO			
Pepto Bismol	YES	NO			
PARENT/GUARDIAN SIGNATURE			D,	ATE	
PARENT/GUARDIAN N	IAME (PLEASE PRIN	NT)	-		
volunteers . Our volun your consent on this c	teers are unable to completed form. If ake sure your child	o give any me your student ho has access to	dication to a stu as prescription m these devices a	edication from our band land, even for a minor heredications (i.e. rescue inhoways while participating in kits.	adache, without aler, epinephrine
Please provide the	following inform	ation in case	of emergency		
Insurance Compar	y Name:				
Policy Number:					
Insurance Compar	y Phone:				
Parent/Guardian E					