

Houston County High School *Black & Silver Brigade*

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Warner Robins, Georgia 31088

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Wally Shaw, Director Todd Wilson, Assistant Director

Student Medical Information

Parents,

We need accurate medical information on your child in order for them to travel and practice with the marching band. This information will be kept confidential. We have at least one registered nurse traveling with the band at all times. **All medications, whether administered by a student or a nurse, must be in the original container. Please instruct your child that they are not to share any medications with their peers.**

Please complete all information on both sides of this sheet: (PLEASE PRINT!)

Student's Full Name _____

Parents' Names _____

Allergies or Conditions that we need to be aware exist:

Current Medications _____

We will have a basic first aid kit on each bus. Do we have your permission to administer Tylenol, Motrin, Pepto-Bismol and or Dramamine if needed? Yes ___ No ___

In the event of a medical emergency, I give my permission for my child to be seen by a physician

X

Signature of Parent or Guardian responsible for the student

Date

Insurance Company _____

Policy Number _____ Group Number _____

Please Complete the Back

Emergency Numbers:

Home _____ Father Work _____

Mother Work _____ Cell _____

Emergency Contact Name _____

Emergency Contact Number _____