

ALL INFORMATION ON THE FOLLOWING SHEET IS KEPT CONFIDENTIAL
2026-2027 Salem High School Band Medical Release Form
ALL INFORMATION IS REQUIRED IF APPLICABLE

Full Name: _____ Nick Name _____ DOB: ____/____/____
Address _____ Grade _____ Age _____
City/Zip _____/_____ Home Phone: _____
Work Phone(s) _____ Cell Phone: _____
Emergency Contact (if parent not available): _____ Phone Number _____
Relationship: _____
Insurance Company: _____ Address: _____
Policy Number: _____ Phone: _____
Name of Student's Physician: _____ Phone # _____

I give permission for my child's name and photo to be used on the band's Social Media: Yes ____ No ____

Signed: _____ **Date:** ____/____/____

Health History: All Information Required

Med Allergies: _____ Allergy to Bees/Insects ____ Yes or No ____
Food Allergies: _____ Does Student Carry an EPI PEN? ____ Yes or No ____
Seasonal/Environmental Allergies: _____ Glasses or Contacts: ____ Yes ____ No (Circle which)
Asthma: ____ Yes ____ No Carry Inhaler? ____ Yes ____ No Use a Nebulizer at Home? ____ Yes or No ____
Previous injuries/illnesses: ____ Yes ____ No List _____

List Medical Conditions student currently/intermittently being treated (Diabetes, Crohns, IBS, Anxiety etc)

If any additional information please list: _____

Medications: List all medications tat the student takes on a regular basis or any prescription medicine that may be needed in case of an emergency such as an inhaler or Epi-pen. These medicines must be sent to band functions in their original container with the doctor's instructions and given to the medical staff to administer. The student may keep the inhalers and Epi-pens after notifying the medical staff of this fact. We will be following the school medication policy as closely as feasible.

Medicine	Dose	Frequency

FIELD TRIP PERMISSION FOR MEDICAL TREATMENT

I/we also give permission to John E. Wright and/or his appointed adult staff permission to care for or arrange for the health/ medical needs of my/our child while on any band function. This will include evaluation of need by the medical staff, administration of first aid, administration of any medications I/we have provided and are listed above, and emergency care and transport to a local Emergency facility for treatment if necessary. The medical staff for the band has my/our permission to administer the following over the counter medications as necessary according to the package labeling (these are stocked in the band first aid kit):

IF THERE ARE ANY YOU DO NOT WISH YOUR CHILD TO RECEIVE, WRITE “NO ON THAT BLANK

Saline Eye Drops-dry eyes/Contacts

Date / / *Parent(s)/ Guardian(s) Signature:*

[illegible]