

## Northwest Guilford High School Band 2024-2025 Medical Permission Form

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Student cell: \_\_\_\_\_ Home phone: \_\_\_\_\_

Parent/Guardian Name		
Relationship to Student		
Work Phone		
Cell Phone		

Alternate Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Holder Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

**ALLERGIES** (food, medications & type of reaction): \_\_\_\_\_

\_\_\_\_\_ Epi-pen? \_\_\_\_\_

Inhaler? \_\_\_\_\_ Medical Device (ie insulin pump) \_\_\_\_\_ Date of last Tetanus shot: \_\_\_\_\_

**Known medical conditions:**

None      Bee Sting Allergy      Asthma      Seizures      Panic Attacks  
Fainting      Diabetes      Other: \_\_\_\_\_

List any prescription or over-the-counter medications student takes: \_\_\_\_\_

**Circle** all medications that **may** be administered to student:

Ibuprofen (pain)      Tylenol (pain)      Tums (antacid)      Imodium (anti-diarrhea)      Benadryl (antihistamine)  
Phenylephrine (decongestant)      Polysporin (antibiotic cream)      Hydrocortisone cream (anti-itch)

**Please complete the section below in presence of a Notary**

My (son/daughter) has my permission to receive any emergency medical treatment which may become necessary while participating with the Northwest Viking Band. This emergency treatment includes but is not limited to the administering of medications listed above. I also guarantee payment of all charges incurred during treatment (ambulance, physician, hospital, x-ray, lab, drugs, etc.).

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

I, a Notary Public of North Carolina, do hereby certify that \_\_\_\_\_, principal, personally appeared before me this day, and (i) I have personal knowledge of the identity of the principal, or (ii) I have seen satisfactory evidence of the principal's identity, by current state or federal identification with the principal's photograph in the form of a \_\_\_\_\_ or (iii) a credible witness has sworn to the identity of the principal acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated herein and in the capacity indicated.

Witness my hand and official seal or stamp, this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

Signature: \_\_\_\_\_ My commission expires: \_\_\_\_\_