

## NHS MARCHING BAND 2017-2018 MEDICAL PERMISSION FORM

Student Name:				
First		M.I.	Last	
Medications Taken On c	ı Regular Basis:			
Please <b>initial</b> beside each t	type of medication your child	d can receive	:	
Benadryl	Tylenol		Advil	
Antacid	Pepto Bismol			
<b>volunteers</b> . Our volunteers your consent on this compl pen, etc.), please make su	are unable to give any medi eted form. If your student has	cation to a stu prescription n ese devices c	edication from our band booster mudent, even for a minor headache, vendications (i.e. rescue inhaler, epine always while participating in band ackits.	vithou phrine
Please provide the follow	ving information in case ot	emergency	<i>r</i> :	
Insurance Company Na	me:			
Policy Number:				
Policy Holder:				-
Insurance Company Pho	one:			
Parent/Guardian Emerg	ency Phone:			