

HILLSBOROUGH HIGH SCHOOL BAND MEDICAL INFORMATION AND CONSENT FORM

ALL Overnight HHS Band Trips for School Year 2019-2020

To Be Completed & Signed by a Parent/Guardian (NOT student)

Student's Name _____

Grade _____

KINDLY LIST ANY HEALTH HISTORY OR CONCERNS WE SHOULD BE AWARE OF:

NOTE: According to Board of Education policy ALL medication including over-the-counter medication such as pain relievers, and cold or allergy medicine requires a written statement by BOTH the parent/guardian AND the prescribing physician. If your child requires any kind of medicine, the Doctor's form WITH signatures MUST be attached and turned in as well.

_____ YES, my son/daughter will need to take medication during **All Overnight HHS Band Trips**.
I am attaching the required form to be completed by our private physician and parent/guardian.

_____ NO, my son/daughter does not need to take any medication during **All Overnight HHS Band Trips**.

Medical Treatment Consent:

I, _____, have read the student information and responsibilities
(Please print parent name)
for the trip to **All Overnight HHS Band Trips** and hereby give my son/daughter _____
(student name)
permission to attend.

I give permission for my child to receive medical treatment if needed while on this trip. I also give permission for the authorized parties listed below to act on my behalf in the event that my child will need emergency medical treatment and I am unable to be contacted in a timely manner.

Authorized Parties:

Julie Haran

Nicholas Clipperton

Hillsborough Board of Education Approved Nurse

Date

Parent/Guardian Signature

Daytime Phone where I can be reached during the trip

Evening Phone where I can be reached during the trip

This form must be filled out for EVERY STUDENT and returned to Jules or Nick by August 7th!