

# SPRING VALLEY BAND MEDICAL AND LIABILITY RELEASE FORM 2019-2020

**Student Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

City: \_\_\_\_\_ SC Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

**Parent / Guardian Name(s):** \_\_\_\_\_

Mom Home: (\_\_\_\_\_) \_\_\_\_\_ Mom Work: (\_\_\_\_\_) \_\_\_\_\_ Mom Cell: (\_\_\_\_\_) \_\_\_\_\_

Mom E-mail Address: \_\_\_\_\_

Dad Home: (\_\_\_\_\_) \_\_\_\_\_ Dad Work: (\_\_\_\_\_) \_\_\_\_\_ Dad Cell: (\_\_\_\_\_) \_\_\_\_\_

Dad E-mail Address: \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_**Family Physician:** \_\_\_\_\_ **Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Dentist:** \_\_\_\_\_ **Phone:** (\_\_\_\_\_) \_\_\_\_\_**Health Information:**

Please list any condition requiring special medical attention or care which should be known by medical doctors in case of emergency. (Allergies, asthma, free bleeding, nervousness, severe headaches, etc.) Also list all special food conditions.

\_\_\_\_\_  
\_\_\_\_\_

Please list any medication and dosage student is currently taking:

\_\_\_\_\_

Name of Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Medication Administration:** Medication must be given to the band nurse or head chaperone in the original container and in a plastic bag labeled with the student's name.

We, the undersigned parents of the above named child request that the medication be administered in the following manner:

Name of Medication: \_\_\_\_\_ Time &amp; Days to be give: \_\_\_\_\_

Can *Tylenol* be administered to your child?  Yes  No Can *Ibuprofen* be administered to your child?  Yes  NoCan *Benadryl* be administered to your child?  Yes  No Does your child carry an *inhaler* with them?  Yes  No

We agree to save harmless any school personnel, band nurse, or head chaperone who administers or attempts to administer the above medication in the manner described. This shall mean that we agree not to seek legal action against school personnel, band nurse, or head chaperone who administer or attempt to administer the medication in a prescribed manner, either civilly or criminally, or any injury resulting from the administering or attempt to administer the above described medication.

I hereby give my permission and approval that medical aid be administered to my child by a medical doctor in case of an accident or illness. I understand that Spring Valley teachers or staff will assume no liability for accident or injury claims while performing their duties and/or such claims incurred through the use of the school campus and/or facilities. The undersigned individual(s) agree(s) to hold all of the above mentioned blameless with respect to such claims incurred while attending band rehearsals and performances. I also understand that I will be responsible for any damages to school facilities or equipment accidental or otherwise, that might occur by my actions or my child while on campus.

Any hospital and/or liability insurance coverage desired must be furnished by the undersigned individual(s).

\_\_\_\_\_  
Parent/Guardian Signature Date: \_\_\_\_\_ Parent Guardian Signature Date: \_\_\_\_\_**Notary Signature is required:** Subscribed and sworn before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_\_\_\_\_  
My commission expires: \_\_\_\_\_

Notary Public of South Carolina