



Hamilton Marching Band Medical Release Form (2023 - 2024)

Students will not be allowed to participate in band activities unless this form has been received. PLEASE PRINT ALL INFORMATION CLEARLY.

Name:	Grade:	Instrument:
Date of Birth:	Home Phone Number:	
Home Address:	City, State, Zip	
Parent/Guardian #1 Name:	Parent/Guardian #2 Name:	
Parent/Guardian #1 Work Phone #:	Parent/Guardian #2 Work Phone #:	
Parent/Guardian #1 Cell Phone #:	Parent/Guardian #2 1 Cell Phone #:	
Please list the student's allergies and reactions (such as food, drug, environmental):		
Please list any medical conditions:		
Please list any medications he/she takes on a regular basis:		
Emergency Contact (different than listed above):	Phone # for Emergency Contact:	
Primary Health Insurance Company:	Name of Policy Holder:	
Policy Number (if applicable):	Member Number (If applicable):	
Group Number (if applicable):	Phone Number for Claims:	
Insurance Company Mailing Address:	City, State, Zip:	

The band boosters keep several common over-the-counter medications in the band first aid kit. Please check *ONLY* those medicines which you give permission for your student to receive from a Band Booster or Staff Member.

Acetaminophen (Tylenol)
 Ibuprofen (Advil)
 Pepto-Bismol
 NUUN electrolyte
 Cough Drops
 Antibiotic Ointment
 Anti-Diarrheal Medication
 Tums or Roloids

By signing this form, I authorize legally licensed medical facilities/personnel to administer such first aid as may be required by my child while participating with the Hamilton High School Band activities during the 2023-2024 school year. This includes band camp, rehearsals, performances, and any other band trips or activities. I release the band staff, chaperones, band boosters, and Chandler Unified School District employees from any liability should any injury or accident occur while my child is participating in a band activity.

Parent Signature

Date