

# HILLSBOROUGH HIGH SCHOOL BAND MEDICAL INFORMATION AND CONSENT FORM

ALL Overnight HHS Band Trips for School Year 2017-2018

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:

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**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 OCTOBER 4<sup>TH</sup>!**