

Millbrook HS Band Camp, Travel and Medical Permission Form

Student _____ Date of Birth _____ Male/Female _____
Home Phone _____
Address _____
Student's Social Security No. _____
Father's Name _____ Home No.: _____ Work No.: _____ cell _____
Mother's Name _____ Home No.: _____ Work No.: _____ cell _____

Alternate name and phone, in case of emergency _____

Insurance Coverage: Company _____ Group Number _____
Policy Number: _____ Policy Holder: _____
Insurance Company's Phone No.: _____

If there is a known history, please circle: Allergy to Bee stings/ Asthma/ Epilepsy/ Seizures/
Dizziness/Fainting /Diabetes/Hypoglycemia/High Blood pressure/ Panic attacks
Please list any allergies or other health problems: _____

My child is on the following prescription or over the counter medication (list medication and dosage):

My child may NOT take the following OTC medications: _____

Only medications listed on this form may be taken by the minor while at camp unless prescribed by the infirmary physician. Circle all medications and dosages that may be given to your child:

Tylenol 1 or 2 tablets Advil 1 or 2 tablets Aleve 1 or 2 tablets
Midol 1 or 2 tablets Tums/ antacid yes/ no/Imodium- adult or child dose
Benadryl (25 mg.) 1 or 2 Sudafed 1 or 2 tablets Dramamine 1 or 2 tablets

My daughter/son has my permission to receive any emergency treatment, both diagnostic and definitive, which may become necessary during the camp session and authorized band trips for the 2011-12 school year. This emergency treatment includes but is not limited to the administering of medications listed above.

Parent Signature _____ Date _____

My daughter/son has my permission to attend the Millbrook High School Marching Wildcats summer band camp beginning Monday, July 25, 2011 and ending Tuesday, August 2, 2011. Camp will be held at MHS and Mars Hill College in Mars Hill, NC. I also give permission for my child to participate in other authorized trips involving the band during the 2011-2012 school year. I understand that band camp and travel trips are sponsored and chaperoned by the Millbrook Band Boosters in cooperation with the director Natalie Kerr.

I further understand that my daughter/son may be sent home, dropped from the Millbrook Marching Band, or disciplined by the school for not following rules and regulations established by the school and/or the band, not eating and hydrating properly, or not following the instructions of the chaperones, the band director, band staff or camp director.

I have read and understand the rules and regulations.

Parent signature _____ Date _____

Date	Time	Medication	Dosage	Chaperone Signature
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