

Chambersburg Area Senior High School Trojan Band Med & Permissions Form

Name of Student _____ birth date ____/____/____

Address _____

Parents/Guardian with whom Student resides _____

Phone (home) _____ work _____ cell _____

Phone (home) _____ work _____ cell _____

1st Alternate person to contact: _____

Address _____ phone _____

2nd Alternate person to contact: _____

Address _____ phone _____

Family Physician _____ phone _____

Health Insurance Company _____

Person's name this insurance is under _____

Group number _____ ID Number _____

Any medical conditions or precautions? _____ Date of last Tetanus shot _____

Medications Student will have with him/her (including inhalers)

Name of Medication _____ Dosage _____ How often _____

Student will carry and administer own medication **YES** ☐ **NO** ☐

Name of Medication _____ Dosage _____ How often _____

Student will carry and administer own medication **YES** ☐ **NO** ☐

Allergies

Medication _____ type of reaction _____

Food Allergy _____ type of reaction _____

Other _____ type of reaction _____

Over-the-Counter medications permitted (check all that apply)

☐ Ibuprofen (Advil)

☐ Acetaminophen (Tylenol)

☐ Anti-Diarrheal (Pepto-Bismol)

☐ Throat Lozenges

☐ Basic First Aide for cuts or sprains/strains

I/We give(student name) _____ permission to participate in all of the CASHS TROJAN BAND ACTIVITIES, including parades, football games, exhibitions, concerts, fundraisers, guard competitions, etc. during the 2023-2024 academic year and do hereby give permission for emergency medical assistance to be administered by a licensed physician or a hospital should such an emergency occur and I cannot be notified. I also agree to be responsible for any cost incurred. I also grant permission to the band directors, guard advisors, appointed nurse, or chaperons to administer minor medical treatment deemed necessary that does not require hospital treatment.

Signature of Parent or Guardian _____ Date _____

As the student, I agree to abide by all school rules and to follow the directions of those in charge.

Signature of Student _____ Date _____