

Lumpkin County High School Band of Gold

Andrew Harwood, Director

2001 Indian Drive | Dahlonega, GA 30533

Email: aharwood@lumpkin.k12.ga.us Band Room Phone: 706-864-6186 ext. 1014

LCHS Medical Release Form

Student's Name: _____

Instrument _____ Grade _____ Date of Birth _____

Parent/Guardian Name _____

Home Phone _____ **include area code

Father Work Phone _____ **include area code

Mother Work Phone _____ **include area code

Emergency Contact #1 _____ Phone _____

Home Address _____

Mother E-Mail _____

Father E-Mail _____

Any medications or medical conditions (please be specific) _____

ALLERGIES: _____ Asthma _____ Anemia _____ Diabetes _____ Heart Cond. _____ Bug bites _____

Family Doctor & Phone _____

Insurance name and policy number _____

I hereby authorize members of the Lumpkin County High School Band staff or authorized adult to administer to the above-named student the non-prescription medications or their generic equivalents checked below:

____ Acetaminophen ____ Ibuprofen ____ Pepto Bismol ____ Tums ____ Benadryl

The undersigned hereby releases and agrees to hold harmless and indemnify Lumpkin County Board of Education, its agents and employees from any liability whatsoever arising from the administration or non-administration of the above described medications during school hours or during school trips or activities, or arising from first aid treatment during such periods.

*****In the event that I cannot be reached immediately in case of medical emergency, I hereby authorize members of the Lumpkin County High School Band Staff or authorized adult to approve treatment or administer emergency medical procedures while the above-named student is in their care.***

Parent/Guardian signature

Date

***This form must be filled out completely and returned to the director for your student to participate in extracurricular activities with the LCHS Band.**