



770-288-3222

The Bands of Ola High School

## Henry County Board of Education Ola High School Medical Release Form and Treatment Authorization

By reason of \_\_\_\_\_ participating in a group activity sponsored by the Henry County Board of Education/Ola High School, and because he/she is traveling with that group as a student representative of Henry County Schools, I as parent and/or legal guardian of him/her hereby authorize any emergency medical treatment by a physician or treatment be deemed necessary.

Name	Date of Birth
Address	City, State, Zip
Home Phone	Gender

**Do you have, or did you have, any of the following illnesses or conditions?**

Yes	No	Item	Yes	No	Item
		Has a doctor ever denied or restricted your participation in any sports for any reason?			Has a doctor ever told you that you have high blood pressure?
		Do you have an ongoing medical condition?			Has a doctor ever told you that you have high cholesterol?
		Are you currently taking any prescription or non-prescription medicine or pills?			Has a doctor ever told you that you have a heart murmur?
		Do you have allergies to medicines, pollens, foods, or stinging insects?			Has a doctor ever told you that you have a heart infection?
		Have you ever passed out or nearly passed out DURING exercise?			When exercising in the heat, do you have severe muscle cramps or become ill?
		Have you ever passed out or nearly passed out AFTER exercise?			Has a doctor told you that you or someone in your family has sickle cell trait or disease?

Yes	No	Item	Yes	No	Item
		Have you ever had discomfort, pain, or pressure in your chest during exercise?			Do you wear glasses or contact lenses?
		Does your heart race or skip beats during exercise?			Have you ever had a stress fracture?
		Do you cough, wheeze, or have difficulty breathing during or after exercise?			Do you regularly use a brace or assistive device?
		Have you ever used an inhaler or taken asthma medicine?			Do you have headaches with exercise?
		Have you had infectious mononucleosis (mono) within the last month?			Have you ever had a seizure?

**Please explain if you answered YES to any of the above items:**

**Please list any drugs or medications to which you are allergic:**

**Do you have any illnesses, injuries, or conditions that would qualify you under the Americans With Disabilities Act (ADA)?**

**Do the OHS Band Staff and/or Chaperones have permission to give your child any of the following medications when you are not present at an OHS Band Event?**

Ibuprofen                      Tylenol                      Benadryl                      Antacids

**Please list any pertinent medication that your child is on (i.e. inhaler for asthma):**

**Health Insurance Information**

Company Name

Policy Number

\_\_\_\_\_

\_\_\_\_\_

Group Number

Policy Holder

\_\_\_\_\_

\_\_\_\_\_

# PERSONS TO CONTACT IN AN EMERGENCY

## Contact #1

Name

Home Phone

Address

Cell Phone

Work Phone

## Contact #2

Name

Home Phone

Address

Cell Phone

Work Phone

**Please list any special instructions in case of an emergency, such as religious beliefs:**

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**I certify that the above information is true and complete to the best of my knowledge.**

**DO NOT SIGN THIS DOCUMENT UNTIL IN FRONT OF A NOTARY**

Parent Signature

Date

Sworn to and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary Public, \_\_\_\_\_ County, Georgia.

My Commission expires \_\_\_\_\_