



J.R. Tucker Band and Orchestra Permission for Medical Treatment

Students will not be able to travel with the band or orchestra without this completed form on file. Please mail to:
Attn: Austin Frank, J.R. Tucker High School, 2910 North Parham Road Henrico, VA 23294

I, the undersigned, being the parent, legal guardian, or legal next-of-kin of _____ (*full legal name of student*) hereby authorize any necessary medical treatment for this person while participating with the **J.R Tucker High School Music Program**. I understand that treatment may be provided by Henrico County Public School staff including athletic trainers, emergency personnel, and parent volunteers. I also guarantee payment of all charges incurred during the treatment (hospital, ambulance, physician, x-ray, lab costs, prescriptions, etc.).

If considered appropriate by an adult chaperone, my child may _____ / may not _____ receive over-the-counter (non-prescription) medications for headache, upset stomach, etc. My child should **NOT** receive the following medications: _____

In regard to said person, I submit the following information:

1. Allergies to food, medication, etc. _____
2. Special medical problems: _____
3. Is the student under medical care? If so, describe the nature of the illness and treatment. _____

4. Does the student take medicine? YES/NO _____ Name of medication: _____
Purpose: _____

5. Date of last tetanus: _____

6. Family physician/clinic: _____ Telephone # _____

7. Insurance company: _____ Policy # _____

8. Student's address (include city & zip code): _____

9. Parent/Guardian(s): _____

Parent/Guardian(s) Phone: (home) _____ (work) _____ (cell) _____

10. In case of emergency, please contact (name & number): _____

I will notify the band director of any changes in any of the above information during the school year.

Signature of parent/guardian: _____