

CCHS Marching Band

Medical Information Authorization and Liability Release Form

I authorize **Joseph Wilson, Marching Band Director of Central Catholic High School** (phone 412.208.3444) to use/disclose the following Protected Health Information from the records of: _____ (Student Name) as described below to: **music director, head chaperone, and emergency personnel who may be responsible for my child during medical emergencies only.**

The information is requested for the purpose of informing any individual specified above either verbally or through the Marching Band Medical Form of any health information regarding my child's medical needs/conditions, allergies, medications, emergency contacts, or health insurance as may be necessary to care for my child during such activities.

The information may be used to disclose verbal information and any health information appearing on the Marching Band Medical Form submitted to the Marching Band Director in connection with my child's medical needs/conditions, allergies, medications, emergency contacts, or health insurance.

This Authorization expires at the end of the current school year.

I understand the following:

- That the information used or disclosed may include records relating to my identity, diagnosis, prognosis, and treatment;
- That I have the right to revoke this Authorization at any time, except to the extent that Central Catholic High School has already acted in reliance on the Authorization and such revocation must be made in writing and directed to the Marching Band Director;
- That the information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and no longer subject to privacy protections provided by law.

Date

Signature of Parent/Legal Guardian/Personal Representative

Print Name of Parent/Legal Guardian/Personal Representative

Specify Relationship/Authority

Student Information

Name: _____ Gender: _____ Grade: _____

Birth Date: _____ Instrument/Section: _____

Address: _____

Father's/Guardian's Name: _____ Email: _____

Preferred Phone: _____ Alternate Phone: _____

Mother's/Guardian's Name: _____ Email: _____

Preferred Phone: _____ Alternate Phone: _____

List any medical conditions of which the director should be aware:

List any medications taken by the child on a regular basis:

List any allergies (medicine/food/other), typical reaction, and actions to be taken
(Parents/Guardians must provide appropriate medication, i.e. Benedryl, Epi-Pen,
etc.)

First Aid/Emergency Authorization

Please list two relatives or friends who would have your permission to advise us regarding your child in the event the Marching Band Director or designated adult is unable to reach either parent or guardian.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

I give permission for my child to self-administer the following medications while at band sponsored trips, games, and activities:

Tylenol/acetaminophen YES NO Ibuprofen YES NO

Dosage: 650mg Dosage: 400mg

Time: As directed on container Time: As directed on container

Antacid tablets: YES NO

Dosage and Time: As directed on container

Parent Signature

Date

Liability Release

We the undersigned have read and understand the policies and procedures as outlined in the Marching Band Expectations. We further agree to abide by the aforementioned Expectations as well as all policies and procedures in the Central Catholic or Oakland Catholic High School Student Handbook (as according to the school which my child attends). It has been made clear to me that the decisions of the Marching Band Director and school administration are considered final. We understand that violations of any policies can result in disciplinary action, which may include dismissal from the group.

Student Initial Parent Initial

In consideration of child, above named, being allowed to participate in the Central Catholic High School Marching Band program, I do hereby discharge Central Catholic High School of The Diocese of Pittsburgh, the Marching Band Staff, Chaperones, or their successors from any and all actions or suits in equity which I might hereafter have by reasons of injuries sustained by my child participating in this program. I agree that in case of injury to my child, I will apply hospitalization and/or accident insurance toward the payment of any medical expenses incurred.

Parent Initial

Signature of Parent

Signature of Student

Date

If your child will require the administration of prescription medication during Marching Band activities, please attach detailed instructions.