

**Silver Lake Regional High School**

Marching Band

Permission Slip and Medical/ Contact Form

**Student's Name:**

\_\_\_\_\_

(Last)

(First)

(Birthdate)

**Grade:** \_\_\_\_\_

**Instrument(s):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent's/Guardian's Name:**

\_\_\_\_\_

(Last)

(First)

**Address:** \_\_\_\_\_ **Town:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_

**\* Work phone:** \_\_\_\_\_ (\*if necessary)

**Email:** (personal) \_\_\_\_\_ or/and \_\_\_\_\_

(work) \_\_\_\_\_ or/and \_\_\_\_\_

**Medical Information**

**Allergies:**

**Food:** \_\_\_\_\_

**Stings:** \_\_\_\_\_

**Medicine:** \_\_\_\_\_

**Others:** \_\_\_\_\_

**Please list any medications that student will be taking during school activity:**

\_\_\_\_\_

\_\_\_\_\_

Do we have permission to administer Tylenol or Ibuprofen? [ ] Yes [ ] No

Does the student have any limitations of activities? (Attach a separate sheet of paper if necessary)

Please be specific:

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Family Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contacts:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact: \_\_\_\_\_ cell \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact: \_\_\_\_\_ cell \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_