



BANDS

**MEMBERS
FORM COLLECTION
PACKET**

POWELL BANDS

MEDICAL RELEASE FORM & CONTACT INFORMATION

(This form must be NOTARIZED before turning it in. Please attach a copy of your insurance card to this form)

STUDENT CONTACT INFORMATION

Student Name: _____ DOB: ____/____/____ Grade: _____
(Last, First, Middle Initial)

Student Address: _____

Student Cell phone number: _____

EMERGENCY CONTACT INFORMATION

Parent/Guardian #1

Name: _____

Cell phone: _____

Email: _____

Parent/Guardian #2

Name: _____

Cell phone: _____

Email: _____

Other

Name: _____

Relationship to student: _____

Cell phone: _____

Email: _____

HEALTH INSURANCE INFORMATION

Family Physician: _____ Phone: _____

Insurance Carrier: _____ Policy#: _____ Group#: _____

MEDICAL HISTORY

IMMUNIZATIONS:

☐ Tetanus

☐ M-M-R

☐ Hep A

☐ Hep B

☐ Other

MEDICAL CONDITIONS:

☐ Asthma

☐ Diabetes

☐ Bronchitis

☐ Kidney

☐ Heart

☐ Dizziness

☐ Gastro

☐ Seizures

☐ Orthopedic Issues

☐ Other (please explain) _____

Special Dietary Issues: _____

Physical Limitations: _____

ALLERGIES & MEDICATIONS

Food: _____

Medications: _____

Insect Stings / Bites: _____

Requires Epi-Pen (?): Y N

****Please explain symptoms of any of the above checked items:**

Please check any OVER THE COUNTER MEDICATIONS that may be given to student:

- | | |
|---|--|
| <input type="checkbox"/> Acetaminophen | <input type="checkbox"/> Hydrocortisone Cream |
| <input type="checkbox"/> Antacid | <input type="checkbox"/> Ibuprofen |
| <input type="checkbox"/> Anti-Diarrhea | <input type="checkbox"/> Motion Sickness (meclizine) |
| <input type="checkbox"/> Antibiotic Cream | <input type="checkbox"/> Bee Sting (topical) |
| <input type="checkbox"/> Diphenhydramine | |

Are there any OVER-THE-COUNTER MEDICATIONS that **MAY NOT** be given to your student?

Current Approved Prescriptions or Medications:

PARENT/GUARDIAN AUTHORIZATION: This health history is correct to the best of my knowledge, and the student described has permission to engage in all activities, unless previously noted. I give permission to the physician or hospital selected by a band director or representative of my student's school to hospitalize, secure proper treatment for, and to order medication, injections, anesthesia, or surgery for my student named. I release and waive, and further indemnify, hold harmless or reimburse Powell Bands and the Powell High School Band Boosters, it's members, agents, and volunteers, from and against any claim which I, any other parent or guardian, any sibling, the student, or any other person may have or claim to have, known or unknown, from any losses, damages or injuries arising out of, during or in connection with the students participation in the trip or the rendering of emergency medical procedures or treatment, if any. I also guarantee payment of all charges incurred during this medical treatment.

Parent/Guardian Signature: _____ Date: _____

THIS SECTION MUST BE COMPLETED BY A NOTARY

I, _____, witness that _____ gives permission for
(notary) (parent/guardian)

_____ to travel with the Powell Bands during the 2025-2026 school
(student)

year. This guardian also gives permission for any of the Powell Bands Staff or their appointed representative to seek medical treatment for this same child.

Witness my hand and seal at office on this _____ day
of _____ 2025.

Notary Public: _____

My commission expires: _____

KNOX COUNTY SCHOOLS

MEDICAL RELEASE

This form is used to record parental permission for medical and surgical treatment in case medical emergencies arise during a field trip.

We, the undersigned as the parents and legal guardians of

Print Student's Name _____

hereby grant to the Knox County Board of Education, its employees and agents the authority to seek medical care for our child. We further consent to any and all emergency medical and surgical treatments, including anesthesia and operations which may be deemed medically necessary by any qualified physician selected by agents or officials of the Knox County School Board. The intention thereof is to grant authority to administer and to perform all and singularly any emergency examinations, treatments, anesthetic, operations, and diagnostic procedures which may now or during the course of the patient's care, be deemed medically necessary by any qualified physician. Witness of our consent and agreement to the matters stated above, we have subscribed our signatures below.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

STATE OF TENNESSEE, COUNTY OF _____

SUBSCRIBED and sworn to before me, a Notary Public, this _____ day of _____, 20 _____.

My commission expires _____

Notary

Medical Insurance Company _____ Policy # _____

☐ If not covered by medical insurance, please check box.

Student's Address _____ Phone _____

Date of Birth _____

Father _____ Home Phone _____

Business _____ Business Phone _____

Mother _____ Home Phone _____

Business _____ Business Phone _____

Family Physician's Name _____ Phone _____

Address _____ City _____ ST _____

Allergies or Special Conditions _____

NOTE: In the event of an emergency medical situation, even with the form, the chaperone will attempt first to contact the student's parent/guardian.

Disposition

☐ Copy to the office Date _____

☐ Original is retained by teacher and taken on the field trip.



Knox County Schools Student Media Release Form

I, as the parent/guardian of _____, hereby give Knox County Schools and its employees, representatives and authorized media organizations permission to photograph, interview and record my child and his/her likeness for use in audio, video, film or other electronic, digital and printed media. I also give Knox County Schools permission to release photos or recordings of any type to news media outlets including, but not limited to, newspapers and television stations.

I understand that neither Knox County Schools nor the news media has any obligation to use or be compensated for such rights. I am also aware that I will not receive monetary compensation for my child's participation, and I waive any right to inspect or approve final use of materials.

I agree to release and hold harmless Knox County Schools, its staff, the Board of Education and assignees from any liability or claims of damage, known or unknown, related to such use.

Please note if you opt out of the media release form, your child's photograph will still be included in yearbook and classroom publications as part of directory information unless you notify the district otherwise. Additionally, if at any time you wish to withdraw your consent, you may contact the Office of Public Affairs at 865-594-1905; however, any prior photos or recordings of your child will remain part of the district's archive.

Name of child's school:

Parent/legal guardian:

(print)

(signature)

Date: _____

PARENTAL CONSENT AND RELEASE FORM FOR FIELD TRIPS

(Bus transportation)

KNOX COUNTY SCHOOLS PARENTAL/GUARDIAN CONSENT FOR:

- Release and Acknowledgement of Personal Liability

My child, _____, has permission to participate in the field trip to the _____ ("activity") on ____ / ____ / _____. I understand that this activity involves travel to and from _____. I also understand that this activity (circle one) does / does not involve staying overnight. I understand and acknowledge that the Knox County Board of Education ("Board") is the legal entity that operates Knox County Schools ("KCS" or "District").

CONDUCT DURING ACTIVITY

I understand that my child's participation in the activity is a privilege, and not a right. I acknowledge that I have spoken with my child about my child's need to comply with the specific rules and requirements established for this activity; all District policies and procedures; rules of conduct set forth in the Student Code of Conduct; and state and federal regulations and laws. I understand that all District rules and policies apply to my child and the other students during the course of the field trip.

I also understand that I have the ability to refuse to sign this Form. In addition, that if I refuse to sign, my child will not be permitted to participate in the activity.

ACKNOWLEDGEMENT OF PERSONAL LIABILITY

I also understand that this field trip may expose my child/student to some risks and I assume any such risk that may arise there from. I accept full responsibility for all medical expenses for any injuries that might occur to my child/student by reason of his/her participation.

SIGNATURE

I confirm that I have carefully read this CONSENT AND RELEASE and agree to its terms knowingly and voluntarily. I also confirm that I am the parent or legal guardian of the child or I am a student 18 years or older.

I have signed this CONSENT AND RELEASE this ____ day of _____, 202__.

This consent and release has been read and is understood by me.

Student's signature (If 18 years or older)

Date

Student's Name (print)

Signature of Student's Parent or Legal Guardian
(If Student is less than 18 years)

Date

Powell High School Marching Band

Handbook Acknowledgement

The Powell High School Marching Band Handbook has been prepared to help you understand the expectations, procedures, and responsibilities associated with being a member of this organization. It outlines important information regarding attendance policies, grading, rehearsal and performance expectations, conduct, uniform care, travel policies, and more.

It is important that both the student and their parent/guardian read the handbook thoroughly and understand its contents. Being a member of the Powell High School Marching Band is a privilege that requires commitment, teamwork, and personal responsibility.

By signing below, you acknowledge the following:

1. I have received and reviewed the **Powell High School Marching Band Handbook**.
2. I understand the policies, expectations, and procedures outlined in the handbook.
3. I agree to support and adhere to the guidelines as a member (or parent/guardian of a member) of the Powell High School Marching Band.
4. I understand that participation in this program requires time, effort, and a positive attitude.
5. I am aware that failure to follow these expectations may result in disciplinary action or affect my standing in the organization.

Student Name (Printed): _____

Student Signature: _____ Date: _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____ Date: _____