

Student's Name (please PRINT) \_\_\_\_\_

Winton Woods City School District - Instrumental Music Department  
INSURANCE COVERAGE AFFIDAVIT

Insurance Carrier Name \_\_\_\_\_

Policy Number \_\_\_\_\_

I have adequate insurance covering \_\_\_\_\_ for medical expenses  
Student's Name  
incurred as a result of any injury received during participation in any Music Department activity. I agree not to hold the Winton Woods Music Department of School District responsible for any such medical expenses. I also understand the Winton Woods School District does not have insurance coverage on individual students and that such insurance is the responsibility of the parent/guardian.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

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OVER-THE-COUNTER MEDICINE RELEASE FORM

I give permission for the school employee or designated adult accompanying the Winton Woods Band to administer the following medications on an as-needed basis. I understand that no phone contact will be made prior to administration of the indicated medication(s) for minor aches and pains (e.g. headaches, stomachaches, small cuts, etc.) and that careful records will be kept for each individual student. You will not need to supply the medicines listed below. We will carry a supply of them with us and students are NOT permitted to carry any medications with them.

Check those medications your child may have for minor problems:

- \_\_\_\_\_ Acetaminophen (e.g. Tylenol)
- \_\_\_\_\_ Ibuprofen (e.g. Advil)
- \_\_\_\_\_ Tums (for upset stomach)
- \_\_\_\_\_ Imodium (for diarrhea)
- \_\_\_\_\_ Antibiotic ointment (e.g. Polysporin, for minor cuts and scrapes)
- \_\_\_\_\_ Antihistamine (e.g. Benadryl, for stings, bug bites, minor rashes)
- \_\_\_\_\_ Topical sunburn ointment or spray (e.g. Solarcaine, Aloe Vera)

Student's Name (print) \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_