

MEDICAL RELEASE FORM

WESTERN HIGH SCHOOL BAND, COLOR GUARD & ORCHESTRA 2014-2015

Student Name (one form per student): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ DOB: _____ Grade: _____ Sex: _____

Students SSN: _____

Medical History (check all that apply):

_____ Diabetes _____ Epilepsy _____ Asthma

_____ Allergies (i.e. food, medicine, etc.): _____

Other medical problems: _____

Please mark any of the over-the-counter medications the student may take. Students are not allowed to carry medication of any kind. Medications are only administered by an authorized chaperone.

| | | |
|------------------|--------------------------------|-------------------------|
| _____ Tylenol | _____ Cortaid Cream | _____ Cough Syrup/Drops |
| _____ Ibuprophen | _____ Pepto Bismol | _____ Throat Lozenges |
| _____ Midol | _____ Benadryl | _____ Tums |
| _____ Neosporin | _____ Betadine (to clean cuts) | _____ Eye Drops |

Please provide a list of all prescription medications currently being taken: _____

I, _____, (print name of parent/guardian) give permission for Ms. Sandra Hench, Instrumental Music Director, or any adult named by Ms. Hench to act in my behalf to approve appropriate medical treatment for my son/daughter _____ should any emergency medical treatment be necessary and will make any necessary financial reimbursements. I further state that I am of lawful age and legally competent to sign this Medical Release; that I understand that the terms herein are contractual and are not a mere recital; and that I have signed this document as my own free act. I agree to release and hold Ms. Hench harmless or her nominee from any liability for decisions made pursuant to their authorization.

I have fully informed myself of the contents of this Medical Release by reading it and that the medical and insurance information I give below is accurate.

➤ Name of Insurance Company: _____

➤ Account Number: _____

➤ Doctors Name: _____ Phone: _____

➤ Signature of Parent/Guardian: _____

➤ Work Phones: _____ Cell Phones: _____

➤ Emergency Contact (Name/Phone Number): _____

➤ Relationship to Child: _____