

# Medical Release Form 2022 - 2023



Information given is confidential, accessed only by the Band Director, the medical assistant, chaperone, or a school administrator. Please print in ink.

## Identification

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Name of Parent/Guardian(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone(s) \_\_\_\_\_ Cell Phone(s) \_\_\_\_\_

If Parent/guardian is not available in the event of an emergency, please notify:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name of Personal Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

## Medical History: Circle all that apply, past or present. Explain any "yes" answers.

### Allergies:

Food: Y or N If yes, explain: \_\_\_\_\_

Insects: Y or N If yes, explain: \_\_\_\_\_

Medications: Y or N If yes, explain: \_\_\_\_\_

Plants: Y or N If yes, explain: \_\_\_\_\_

## Other Medical Limitations or Information

List any physical or behavioral conditions that may affect or limit full participation in marching, strenuous activities, dancing, running, stretching, etc. Feel free to call the school in advance of the activity date to discuss any specific health problems, but please note it on this form also. Attach extra documents if necessary. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information above is true, and I consider my child capable of participating in band activities. I hereby give consent for the above-named student: 1. To represent the St. Augustine Band in all band activities, provided said activities are approved by the School Board, 2. To accompany the St. Augustine Band on any of its local or out-of-town trips. I further authorize the school to obtain any emergency medical treatment that may become necessary for the student during such band activities or such travel and I will accept liability for payment of any bills related to such treatment. I also agree not to hold the school board or anyone acting in its behalf, exercising reasonable care within the scope of employment, responsible for any injury occurring to the above-named student during such band activities or such travel. I have read and understand the above statement.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date