

# Shades Valley H. S. Band Student Medical Release Form

Date \_\_\_/\_\_\_/\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_

Student Name: \_\_\_\_\_

Grade Level: 9 10 11 12

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_

Work Information:

Father's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Numbers Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number \_\_\_\_\_

Physician: \_\_\_\_\_ Office Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

Is this student currently taking medication? Yes No If yes, please explain:

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Has this student recently experienced any illness or surgery? If yes, please explain:

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Does this Student experience any kind of special medical conditions such as: Asthma, Diabetes, Epilepsy, Heart Problems, Nose Bleeds, and Severe Head Aches? If yes, please explain.

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Does this student have any allergies? If yes, please explain. \_\_\_\_\_

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Does this student have any other special condition or medical condition that a medical professional should be made aware of in an emergency? \_\_\_\_\_

Are there any limitations or special instructions for the student? \_\_\_\_\_

I hereby give permission for the above named student to attend and participate in all football games, competitions, special events and other activities associated with Shades Valley High School band. I hereby agree to comply with all rules and restrictions governing him/her set forth by the band director, Shades Valley High School or the Jefferson County Board of Education. I hereby give my permission to obtain the services and/or advice from an available physician or other medical personnel for him/her in case of illness or an injury, including any necessary transportation for such emergency care. I hereby agree to assume ALL responsibility for any costs as a result of such medical care.

Signed (Parent or Guardian) \_\_\_\_\_ Date \_\_\_\_\_