

MEDICAL RELEASE FORM CLEVELAND HIGH SCHOOL BAND

Student's Name Last _____ First _____ Middle Initial _____

Age _____ D.O.B. _____ Home Ph. _____ Student's Soc. Sec. # _____

Home Address _____ City _____ State _____

Parent or Guardian _____

Emergency Phone Number Mother _____ Father _____

Name of Insurance Company _____

Policy Number(s) _____

Health History (check)

- Diabetes
- Orthopedic Problems
- Asthma
- Epilepsy
- Cardiac Problems
- Contact Lenses

Allergies (check)

- Aspirin
- Penicillin
- Sulfa
- Insect Stings/Bites
- Tetracyclin
- Food Products

Any other health problems or allergies: _____ Date of last tetanus shot: _____

My child will have the following medication on his/her person: _____

Family Physician _____ Phone Number _____

Do you know of any health factor that makes it advisable for your child to follow a limited program of physical activity. If yes, please explain. Mention any recent surgery, illness, broken bones, injuries or other conditions. _____

PARENT'S AUTHORIZATION: This health history is correct to the best of my knowledge and the student described has permission to engage in all activities, unless otherwise noted by me. I give permission to the physician or hospital selected by a representative of my son or daughter's school to hospitalize, secure proper treatment for and to order medications, injections, anesthesia or surgery for my child as named above. I also guarantee payment of all charges incurred during this medical treatment.

Parent's Signature _____ Date _____

I _____ (notary) witness that _____ (parent) gives permission for _____ (student) to travel with the Cleveland High School Band during the _____ school year. He/She also gives permission for any of the Cleveland High Band Staff (named below) or their appointed representative to seek medical treatment for this same child.

Witness my hand and seal at office on this day the _____ day of _____, _____

Notary Public _____ My Commission expires _____