

MEDICAL RELEASE/PERMISSION FORM

I/We give permission for my/our child _____ to participate on the Crimson Express 2017/2018. I/We realize that my/our child may sustain injuries that may require medical attention. Therefore, I/we authorize the Band Director to secure any necessary medical treatment for my/our child. I/We do not hold the Band Director, Murphysboro District #186, or any of its representatives responsible for any medical treatment rendered because of injuries sustained.

MEDICAL INFORMATION

Member's Name _____

Member's Social Security Number _____ Date of Birth _____

Parent/Guardian Name _____

Parent/Guardian Social Security Number _____

Home Address _____
Street City State Zip

Home Telephone Number _____

Insurance Provider _____ Policy Number _____

Family Physician _____ Telephone Number _____

Emergency Contact _____ Telephone Number _____

Relationship to Student _____

On the reverse side of this form, please list any and all medications the member is presently taking OR is allergic to that might be pertinent if he/she may need medical treatment. Please be detailed and specific.

On the reverse side of this form, please list any specific food allergies that could cause medical issues for your child or any special dietary needs.

===== **NOTARY** =====

This instrument was acknowledged before me on _____

By: _____

Parent/Guardian Signature

Notary Signature