



# Connally High School Band Medical Release Form

**PLEASE PRINT**

Name of child: Last \_\_\_\_\_ First \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Student's cell phone \_\_\_\_\_

STUDENT EMAIL \_\_\_\_\_ Student birthdate: \_\_\_\_\_ Student ID # \_\_\_\_\_

PARENT 1 EMAIL \_\_\_\_\_ PARENT 2 EMAIL \_\_\_\_\_

Parent 1 work phone \_\_\_\_\_ Parent 2 work phone \_\_\_\_\_

Parent 1 cell phone \_\_\_\_\_ Parent 2 cell phone \_\_\_\_\_

Parent 1 name \_\_\_\_\_ Parent 2 name \_\_\_\_\_

List primary guardian(s) \_\_\_\_\_

Name(s) of additional guardian(s) \_\_\_\_\_

**Additional emergency contact:**

Name \_\_\_\_\_ phone ( \_\_\_\_\_ ) \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phone/Name of home physician ( \_\_\_\_\_ ) \_\_\_\_\_

Insurance carrier \_\_\_\_\_

Policy name & number \_\_\_\_\_

Allergies \_\_\_\_\_

Alerts \_\_\_\_\_

Current medication(s) including dosage and condition being treated. \_\_\_\_\_

**In the event of a medical emergency and if I cannot be contacted, I hereby give permission for my child to receive appropriate medical treatment. I also hereby release school officials and chaperones from any liability for any actions taken in the normal course of their duties.**

I do \_\_\_\_\_ do not \_\_\_\_\_ give permission for my child to take the proper doses of over the counter medication.

I do \_\_\_\_\_ do not \_\_\_\_\_ give the band directors permission to authorize or refuse transport by emergency medical services as needed.

I/We hereby give permission for my child to ride with the Connally High School Band for all band sanctioned events.

\_\_\_\_\_  
Signature of Parent(s)/Guardian(s)

Date \_\_\_\_\_