

Murphy High School Band Medical Release

SECTION I: Student Personal Information

Student Name _____ Date of Birth _____ Age _____ Sex _____
Address _____ City _____ State _____ Zip _____
Email _____ Cell phone _____

Parents/Guardians

Parent 1 _____ Phone (Cell) _____ (W) _____
Parent 1's email _____ Parent 2's email _____
Parent 2 _____ Phone (Cell) _____ (W) _____

If persons named above are not available in the event of an emergency, notify:

Name _____ Relationship _____ Phone _____
Name of personal physician _____ Phone _____
Personal health/accident insurance carrier _____ Policy # _____
Name of insured _____ Relationship _____

Please attach a copy of your Health Insurance Card to this form.

SECTION II. Health information

Allergies	Yes _____ No _____	Explain _____
Asthma	Yes _____ No _____	Diabetes Yes _____ No _____
Cancer/Leukemia	Yes _____ No _____	Heart trouble Yes _____ No _____
Seizures	Yes _____ No _____	Other _____

Routine Medications _____

Do you wear contact lenses Yes _____ No _____

Do we have permission to give your child over-the-counter medications? Yes _____ No _____

If there are any special instructions or concerns about your child's health that we need to know about while traveling with your child, please note these instructions or concerns on the back of this form.

SECTION III: Authorization/Hold Harmless

In the event of an emergency, I _____ give Mr. Alex White, or his representative, permission to obtain any necessary emergency medical care for my child _____ while participating in Murphy H.S. Band activities. I understand that every effort will be made to contact me in the event of an emergency. I also agree to assume responsibility for all expenses that occur due to the medical treatment of my child.

Date _____ Signature of Parent/Guardian _____