

**MEDICAL RELEASE FORM
MUNFORD HIGH SCHOOL BAND 2011-2012**

Student Name (one form per student): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ DOB: _____ Grade: _____ Sex: _____

Medical History (check all that apply):

_____ Diabetes _____ Epilepsy _____ Asthma
_____ Allergies (i.e. food, medicine, etc.): _____
Other medical problems: _____

Please mark any of the over-the-counter medications the student may take. Students are not allowed to carry medication of any kind. Medications are only administered by an authorized chaperone.

_____ Tylenol _____ Cortaid Cream _____ Cough Syrup/Drops
_____ Ibuprophen _____ Pepto Bismol _____ Throat Lozenges
_____ Claritin _____ Midol _____ Benadryl
_____ Neosporin _____ Betadine (to clean cuts) _____ Eye Drops

Please provide a list of all prescription medications currently being taken: _____

I, _____, (print name of parent/guardian) give permission for Mr. Barry Trobaugh, Director of Bands, or any adult named by Mr. Trobaugh to act in my behalf to approve appropriate medical treatment for my son/daughter _____ should any emergency medical treatment be necessary and will make any necessary financial reimbursements. I further state that I am of lawful age and legally competent to sign this Medical Release; that I understand that the terms herein are contractual and are not a mere recital; and that I have signed this document as my own free act. I agree to release and hold Mr. Trobaugh harmless or his nominee from any liability for decisions made pursuant to their authorization. I have fully informed myself of the contents of this Medical Release by reading it and that the medical and insurance information I give below is accurate.

• Name of Insurance Company _____

• Account Number _____

• Doctors Name _____ Phone _____

• Signature of Parent/Guardian _____

• Work Phones _____ Cell Phones _____

• Emergency Contact (Name/Phone Number) _____

Relationship to Child _____