Murphy High School Band Medical Release 2020-2021

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 the back of this form.

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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.

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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 _____