



Gifford Middle School Band
2007 - 2007

Medical Release Form

This form provides student information to medical personnel in the event of injury or illness during a band activity, and authorizes band personnel to obtain emergency medical care. Parents also may choose to allow chaperones to dispense a few over-the-counter medicines during band activities. **To be valid this form must be signed by a parent/guardian and notarized. All band students must return this form each year of band-- no exceptions allowed.**

I. STUDENT INFORMATION

Student Name _____ Date of Birth ____/____/____

Address _____ Phone _____

City/State/Zip _____ Grade _____

Date of last Tetanus or DTP shot: (must be provided) _____

Known Allergies: _____

Other medical conditions that should be noted: _____

List any prescription medications student takes on a regular basis: _____

Student's Physician _____ Phone # _____

Health Insurance Company _____

Insurance Company Phone # _____ Policy # _____

II. PARENT/GUARDIAN INFORMATION *(To be notified first in case of emergency)*

Name _____ Name _____

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

Employer _____ Employer _____

Phone #s Home _____ Phone #s Home _____

Work _____ Work _____

Cell _____ Cell _____

E-mail address _____ E-mail address _____

III. Other persons to notify in case of emergency if parent/guardian is unavailable

Name Home Phone Work Phone Cell Phone

1. _____

2. _____

