

**North Greene County Schools Band
Student Information/Medical Release Form for 2013-2014**

Name: _____ Age: _____

Address: _____ Phone: _____

_____ Date of Birth: ____/____/____

Male Parent or Guardian:

Female Parent or Guardian:

Name: _____ Name: _____

Address: _____ Address: _____

Phone (home/cell): _____ Phone (home/cell): _____
Phone (work): _____ Phone (work): _____
E-Mail: _____ E-Mail: _____

CONTACT IF PARENT OR GUARDIAN CANNOT BE REACHED DURING EMERGENCY:

Name/Relationship: _____ Phone: _____

Health History

List any serious illness, injury, or surgery and Date of Occurrence:

List any known allergies (Medications, Bee Stings, Foods, ETC.) and State any treatment or Emergency Care Needed:

May Tylenol or other Acetaminophen Products be given for Headaches, Etc.? _____

Date of Last Tetanus Toxoid: _____ Do you wear Contact Lenses? _____

Physical Information

Name of Family Physician: _____

Address: _____

Office Phone: _____ Home Phone: _____

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The above named student has my permission to participate in Activities of the 2012-2013 North Greene County Schools Band. I hereby authorize any first aid and/or Necessary Medical Treatment and transport, if necessary, to a hospital in case of sudden illness or injury.

Signature: _____ Date: _____
Parent or Legal Guardian

If you have said no to any medical treatment for your child, and you do not wish us to call in for assistance and/or have your child transported, then if your child were to get hurt – what do you want us to do in case of an medical emergency?

