



MEDICAL RELEASE

Dear Parent,

This form may be used in the event that your child requires medical attention and you cannot be contacted. If YOUR CHILD'S PHYSICIAN cannot be reached, or if a physician feels the child should be treated in an Emergency Room, this completed form will accompany your child.

I, _____, certify that I am the Parent/Legal Guardian of the following child: _____

Name

Date of Birth

As such, I hereby authorize Sherwood Band Instructors/Chaperones, who are 18 years of age or older, to consent to any normal and/or emergency medical and/or surgical treatment of the above child which is deemed advisable if I cannot reasonably be located through the information set out on this form when the child is brought in for treatment. This authorization is effective NOW through June, 2014.

Health Insurance Co: _____ Group number: _____

(In the interest of ease, it would be advisable that your student carries their Health Insurance information card or photo copy with them at all times.)

Physician: _____ Phone #: _____

Date of last Tetanus Shot: _____

- Please list any allergies (bee sting, medications, latex, etc.), illnesses or conditions that the adults traveling with your student should be aware of: _____

- If your student is currently taking ANY prescription medications, they all must be listed below:

- If my child becomes unwell and requests non-prescription medicines (such as Ibuprophen, etc.), I hereby give my permission for an adult to provide it to them. I have listed any exceptions to this below: _____

Parent/Guardian Signature

Date