

# Medical Release Form

**Student:** \_\_\_\_\_ **Teacher:** Danny Burnes/Doug Styers

**Organization:** Edison Screamin' Eagles Band/Marching Band

**Date of Birth:** \_\_\_\_\_ **Date of last know tetanus shot:** \_\_\_\_\_

**Known Allergies (drug or otherwise):** \_\_\_\_\_

**Medication currently being taken.** Due to legislation and policies regarding public schools and student medication, we must know what the student is taking, how much, and at what time. The medications must be in the proper containers with the student's name, doctor's name, and dosage requirements. This includes all medications, whether over-the-counter or prescription. **Please use the back of this page to list all medicines and information.**

**Describe any history of heart condition, diabetes, asthma, epilepsy, rheumatic fever, etc. (Use the back of the page if necessary):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physical restrictions:** \_\_\_\_\_

**Physician:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Relative:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

## INSURANCE INFORMATION

**Medical insurance company:** \_\_\_\_\_

**Identification / Policy number:** \_\_\_\_\_

**Subscriber's name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Subscriber's employer:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize any physician member of the Department of Emergency Medicine of an accredited hospital or any member of the medical staff of an accredited hospital to render medical treatment which in his or her judgment may be deemed necessary in the care of my child, \_\_\_\_\_, who is attending a Edison Band function, including travel to and from. This Medical release form is valid through June 1, 2019

\_\_\_\_\_  
Parent / Guardian signature

\_\_\_\_\_  
Date