

# EMERGENCY MEDICAL INFORMATION AND RELEASE

**\*\*PLEASE FILL OUT COMPLETELY\*\***

School Year \_\_\_\_\_

Student Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Home Email address \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent's (Guardian's) Name(s) \_\_\_\_\_

Father's Employer Name and Address \_\_\_\_\_

Father's Business Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Mother's Employer Name and Address \_\_\_\_\_

Mother's Business Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Insurance Co \_\_\_\_\_ Phone \_\_\_\_\_ Policy No \_\_\_\_\_

Two Persons you recommend we call in event you cannot be reached:

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Preference of Physicians:

1. \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

If neither physician is available, do we have your permission  
to take your student to a hospital or available physician? \_\_\_\_\_

Preference of Hospital \_\_\_\_\_

Medical history and physical limitations or problems that should be known by the Band Staff: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_ Drug Allergies \_\_\_\_\_

\_\_\_\_\_

If I cannot be reached in case of accident or illness requiring emergency medical treatment, I do hereby consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital service that may be rendered.

Date \_\_\_\_\_ Parent or Guardian Signature \_\_\_\_\_