

Wetumpka High School Band Medical Release 2016-2017

SECTION I: Student Information

Name _____ Date of Birth _____ Age _____ Sex _____
Address _____ City _____ State _____ Zip _____

Parents/Guardians

Father _____ Phone #'s (W) _____ (C) _____
Mother _____ Phone #'s (W) _____ (C) _____

If persons named above are not available in the event of an emergency, notify:

Name _____ Relationship _____ Phone # _____
Name of personal physician _____ Phone # _____
Personal Health / Accident Insurance Carrier _____ Policy # _____
Name of insured _____ Relationship _____

Optional (Recommended): Please attach a copy of the front and back sides of your Health Insurance Card.

SECTION II: Health Information

Allergies	Yes _____	No _____	Explain	_____
Asthma	Yes _____	No _____	Diabetes	Yes _____ No _____
Cancer/Leukemia	Yes _____	No _____	Heart Trouble	Yes _____ No _____
Seizures	Yes _____	No _____	Other	_____

Routine Medications _____

Do you wear contact lenses Yes _____ No _____

If there are any special instructions or concerns about your child's health that we need to know about while traveling with your child, please note these instructions or concerns on the back of this form.

SECTION III: Authorization/Hold Harmless

In the event of an emergency, I, _____, give Mr. Jason Warnix, or his representative, permission to obtain any necessary emergency medical care for my child, _____, while participating in Wetumpka HS Band activities. I understand that every effort will be made to contact me in the event of an emergency. I also agree to assume responsibility for all expenses that occur due to the medical treatment of my child.

Date _____ Signature of Parent/Guardian _____

SECTION IV: Notary

On this _____ day of _____ the person whose signature appears immediately above personally appeared and after duly sworn, executed this document before me.

Signature of Notary _____

Notary Public for the County of _____, Alabama

My commission expires _____