

**PARENTAL STUDENT RELEASE FORM**

Regarding: The Barret's Chapel Middle School Band Events for the 2014-15 school year

Name (one form per student) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_

Email Address \_\_\_\_\_

Student's Social Security # \_\_\_\_\_

Medical History (mark if a problem):

\_\_\_ Diabetes \_\_\_ Epilepsy \_\_\_ Asthma \_\_\_ Allergies (i.e., food, medicine, etc.)

Other Medical Conditions \_\_\_\_\_

Prescription Medications \_\_\_\_\_

If needed, mark any of the over-the-counter medications the student may take:

- |                                     |                   |                              |
|-------------------------------------|-------------------|------------------------------|
| ___ Tylenol                         | ___ Cortaid Cream | ___ Cough Syrup/Drops        |
| ___ Ibuprofen                       | ___ Pepto Bismol  | ___ Throat Lozenges          |
| ___ Sudafed                         | ___ Benadryl      | ___ Neosporin Ointment       |
| ___ Imodium                         | ___ Eye Drops     | ___ Betadine (to clean cuts) |
| ___ Dramamine (for motion sickness) |                   |                              |

I, \_\_\_\_\_ (name of parent/guardian) give permission for Dr. Carol Chipman, Director of Bands, or any adult named by Dr. Chipman, to act in my behalf to approve appropriate medical treatment for my son/daughter

\_\_\_\_\_ should an emergency medical treatment be necessary and will make any necessary financial reimbursements. I further state that I am of lawful age and legally competent to sign this Medical Release; that I understand that the terms herein are contractual and are not a mere recital; and that I have signed this document as my own free act. I agree to release and hold harmless Dr. Chipman or her nominee from any liability for decisions made pursuant to their authorization.

I have fully informed myself of the contents of the Medical Release by reading it and that the medical and insurance information I give below is accurate.

Name of Insurance Company \_\_\_\_\_

Account Number \_\_\_\_\_

Doctor's Name & Phone \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Emergency Phone Numbers \_\_\_\_\_  
(Home) (Work) (Cell)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary's signature \_\_\_\_\_ Commission expires \_\_\_\_\_