

PARENTAL STUDENT RELEASE FORM

Regarding: The Bolton High School Band Events for the 2011-2012 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 _____

Please mark any/all 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 Mr. David E. Chipman, Director of Bands, or any adult named by Mr. 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 Mr. Chipman or his 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 _____