PARENTAL STUDENT RELEASE FORM

Regarding: Bolton High School Band events for the 2015-2016 school year

Name_____

Address_____

Telephone (h)_____ (c)_____

DOB_____ Grade_____ Sex_____

E-mail_____

Student's Social Security # _____

MEDICAL HISTORY:

Diabetes: _____ Epilepsy: _____ Asthma: _____ Other (please specify): _____

Allergies: (foods, medications, bee stings, etc.): _____

PLEASE MARK ANY OF THESE MEDICATIONS THAT WE MAY GIVE YOUR CHILD IF NEEDED:

__Tylenol	**__Pepto Bismol**	**__Cortaid Cream**	**__Sudafed**
__Ibuprofen	**__Immodium**	**__Betadine (wound cleanser)**	**__Benadryl**
__Rolaids/Tums	**__Cough Syrup**	**__Neosporin ointment**	**__Claritin**
__Dramamine	**__Throat lozenges**	**__Eye drops**	

I, _____ (name of parent/guardian) give permission for Mr. David Chipman, Director of Bands, or any adult named by Mr. Chipman to act on my behalf to approve appropriate medical treatment for my son/daughter, _____ should 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 insurance information I give below is accurate.

Name of Insurance Company: _____

Account Number: _____

Name and Phone Number of Physician: _____

Emergency Phone Numbers: _____
(HOME) (CELL) (WORK)

SIGNATURE OF PARENT/GUARDIAN_____

Sworn to and subscribed before me this ____ day of _____, 20__

Notary's signature_____Commission expires_____