

MEDICAL RELEASE FORM (Valid from September 1, 2011 – August 31, 2012)

Name _____

Last

First

M.I.

Address _____

City _____ State _____ Zip Code _____

Parent E-mail _____ Student E-mail _____

Parent Phone #(____) _____ Date of Birth _____ Do you have health insurance? ___ Yes ___ No

Name of Insurance Company _____ Policy # _____

Address of Insurance Company _____

(Please attach a copy of insurance card if you have one)

Name of Insured Person _____

Home #(____) _____ Work #(____) _____ Cell #(____) _____

Relationship to Student _____ E-mail Address _____

Health History:

Please list all allergies: _____

Other Conditions: Heart Condition Frequent Colds Chronic Asthma

Diabetes Hay Fever Epilepsy

Frequent Stomach Upsets Physical Handicap

Other (please specify) _____

If you checked any of the above, please give details (i.e., include normal treatment of allergic reactions): _____

Date of last tetanus shot _____

Name and dosage of any medications that must be taken: _____

(Please turn page over and complete other side)

Physician's Name _____ Phone # (_____) _____

In Case of Emergency, Contact _____

Home # (_____) _____ Work # (_____) _____ Cell # (_____) _____

Alternate Person to Contact _____

Home # (_____) _____ Work # (_____) _____ Cell # (_____) _____

Please list any activity restrictions _____

Do you give your permission for your child's picture to be taken and posted on the band website? _____ Yes _____ No

I, who am the legal Parent/Guardian of the child listed on this form, authorize the administration of emergency medical treatment for _____, should it be deemed necessary. I understand all reasonable safety precautions will be taken at all times and I further understand that in the event medical intervention is needed, every attempt will be made to contact me, or others listed immediately.

Participant's signature

Parent or Guardian's Signature

Notary Signature

State of _____ County of _____

My commission expires _____