

**MEDICAL RELEASE FORM**  
**EAST CENTRAL HIGH SCHOOL BAND**  
*PLEASE PRINT*

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ (circle one): Male / Female

City / Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Alternate Adult Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Health Information:** Circle any health conditions that apply:

Asthma	ADHD/ADD	Diabetes	Frequent Nosebleeds
Heart Disease	Ear Problems	Cerebral Palsy	Wears Glasses/Contacts
Down's Syndrome	Epilepsy	Headaches/Migraines	Spina Bifida

Other Health Problems (please list): \_\_\_\_\_

List allergies to food, medications, other. (If None, so state).

Does student carry medication? (If None, so state).

Name of medication: \_\_\_\_\_ Purpose: \_\_\_\_\_

Date of last Tetanus injection: \_\_\_\_\_

**May your child have?** (please circle): **Tylenol Motrin/Advil Anti-histamine-(Zyrtec, Benadryl, Allegra)**  
**Anti-diarrhea (Imodium) Anti-motion sickness (Dramamine)**  
**TUMS/Roloids First Aid Ointment/Cream (Neosporin, Benadryl)**

Additional medical information or comments:

---

**PLEASE ATTACH A COPY OF YOUR INSURANCE CARD (Front & Back) TO THIS FORM**

The above named student has my permission to participate in band-sanctioned activities as a member of the East Central High School (ECHS) Band program. Students, even when off-campus, are still subject to school rules and regulations when participating with the ECHS Band. I understand that any student who does not conduct himself/herself properly may be (1) sent home at the parent's expense; (2) prohibited from participating in future activities of this organization; and/or (3) subject to other appropriate disciplinary action.

By signing this document, the parent and/or legal guardian releases the East Central Independent School District and the East Central Band directors, chaperones, volunteers, etc. from any and all claims resulting from injury of the above named student or loss of property of the above named student while participating in any activities connected with the ECHS Band.

In the event that the above named student requires medical treatment deemed necessary by first aid and/or emergency medical personnel, and the above named contacts cannot be reached, I the parent/legal guardian of the above named student, do hereby authorize the Directors / Chaperones to be consulted with, and consent to, any medical treatment deemed necessary by any doctor, nurse, or other medical personnel. I also guarantee payment of all charges incurred for the treatment such as, but not limited to: physician, hospital, x-ray, lab, medication/drugs, and EMS.

---

**Parent / Legal Guardian Signature**

**Date**

**Band Representative Witness**