

MEDICAL RELEASE FORM 2019-2020
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.

Information included in this document is considered to be confidential and proprietary business information of the East Central Band Boosters. Consequently, this information may only be used by the person it or entity it is meant for a legitimate purpose. East Central Band Boosters shall be liable for using and protecting this information from further disclosure or misuse. Protected Health Information (PHI) will be handled according to applicable law, including but not limited to HIPAA.

Parent / Legal Guardian Signature

Date

Band Representative Witness