



2023-2024 STUDENT Medical Release Form

Date: ____/____/____

Circle All That Apply:

Color Guard

Percussion

Brass

Woodwind

T-Shirt Size _____

Student's Name: _____

Date of Birth: _____

Mailing Address: _____

City: _____ Zip Code: _____

Home Telephone: _____

Parent/Guardian Names: _____

Work Phone: Mother: _____

Father: _____

Cell Phone: Mother: _____

Father: _____

Other Emergency Phone/Cell(s): _____

Insurance: Company: _____

Policy Number _____

Physician: _____

Office Phone: _____

Emergency Phone: _____

Current Medications: _____

Recent Injury/Illness/Surgery: _____

Special Problems: (Check and explain under comments)

Asthma ___ Diabetes ___ Epilepsy ___ Heart
Problems ___ Allergies ___ Nosebleeds ___ Headaches ___

Other: _____

Comments: _____

Limitations or Special
Instructions: _____

The following medications may be administered as needed:

Please write Yes or No in each blank

Tylenol _____ Ibuprofen _____ Benadryl _____
Pepto Bismal _____ Imodium AD _____
Dramamine _____ Other _____

I hereby give permission for the above-named student to attend and participate in all competitions, special events, fundraisers, and any other activities associated with the Montgomery Central High School Band. I hereby agree to hold harmless and release from liability Montgomery Central High School Band and CMCSS or any employees or their representatives thereof from any action, claim, or damage that may arise as a result of his/her participation in the ensemble activities. I hereby agree to comply with all rules and restrictions governing him/her set forth by the Director or CMCSS to obtain the services of and/or advice from an available physician or other medical personnel, including Emergency Medical Technicians (EMTs), Emergency Room Doctors, or other medical professionals for him/her in case of illness or injury, including any necessary transportation for such emergency care. The Montgomery Central High School Band will make every effort to contact the parents before treatment is administered. However, in the event of an emergency, I hereby agree to assume ALL responsibility for any costs as a result of such medical care.

Parent Signature: _____

Parent Name (printed): _____

Date: _____