



## 2021-2022 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:** \_\_\_\_\_