

**Mortimer Jordan High School Band
Medical Release Form**

Please complete this form and return it to the school.

****Please Print Clearly****

Student's Name _____ D.O.B. _____

Address _____

SSN _____ Health Insurance Co. _____

Policy # _____ Group # _____ Policy Holder _____

Please list any medications, known allergies, and/or medical conditions presently taking or being treated for:

Do we have permission to administer to your child the following? (Check)

Tylenol _____ Aspirin _____ Advil _____

Date of last tetanus shot _____

Parent's Contact Numbers:

Father's Name _____ Cell Phone _____

Home Phone _____ Work Phone _____

Mother's Name _____ Cell Phone _____

Home Phone _____ Work Phone _____

We, the undersigned parents, do hereby give permission to the directors and chaperones of the Mortimer Jordan High School Band to seek and obtain medical care and attention that may be necessary for our child who is in their care and custody. I hereby release and hold harmless the aforementioned staff for any and all claims that may arise.

Parent Signature _____ Date _____

Parent Signature _____ Date _____