

MEDICAL RELEASE FORM

INSTRUCTIONS: This form must be filled out and signed by the student's parent or legal guardian. (Please print clearly or type). This form gives a licensed physician the parent's consent to treat a student in case of illness or injury. If the student requires medical attention, the parent, or legal guardian will be notified by the Band Director, Color Guard Director, or member of the staff as soon as possible.

Student's Name: _____ Age _____ Grade (in Sept), _____

Birth Date: _____ Sex: _____ Phone #: (____) _____

Address: _____
(Street) (City) (Zip)

Mother's Name: _____ Phone #: (____) _____

Mother's Work Phone #: (____) _____ Cell Phone #: (____) _____

Father's Name: _____ Phone #: (____) _____

Father's Work Phone #: (____) _____ Cell Phone #: (____) _____

Emergency contact (neighbor or relative) _____

Address: _____ Phone #: (____) _____

Family Physician: _____ Phone #: (____) _____

Address: _____

Insurance Company: _____ Policy #: _____

* * * * *

INSTRUCTIONS:

Please answer the following questions by checking the appropriate box.

	Yes	No
Is the student under doctor's care now?	<input type="checkbox"/>	<input type="checkbox"/>
If so, for what? _____		

Does the student have asthma or hay fever?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain specific needs _____		

Does the student wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

Does the student have any hearing problems?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain _____		

MEDICAL RELEASE FORM CONTINUED

Has the student ever had any respiratory problems? Yes No
If yes, explain _____

Does the student get short of breath?

Has the student ever had rheumatic fever?
If yes, when? _____

Is the student diabetic?
If yes, what is the medication? _____

Is the student epileptic?
If yes, what is the medication? _____

Has the student ever had an operation?
If yes, what and when? _____

Is the student allergic to bees, wasps or any insects?

Does the student have any allergies?
If yes, to what drugs and/or foods _____

Is the student's skin unusually sensitive to light?

List any regularly taken medications taken by the student:

Date of student's last tetanus shot _____ Date of Last Physical _____

Does the student have additional health problems which might require special attention during practice, or at an event held away from school?
If yes, explain _____

LEGAL AUTHORIZATION FOR EMERGENCY CARE AND DISCLAIMER
I/We hereby certify that all of the above information is true. I/We, the undersigned, parent or legal guardian of the student named above, release the Chino Unified School District and its employees (staff), the BAC Booster organization, BAC Directors, BAC instructional staff, or chaperones of any liability in the event the student is injured or becomes ill at a practice, performance and/or on a trip with the Ayala Band and Color Guard. I/We do hereby authorize and consent to the administration of any medical treatment deemed necessary by the attending physician.

Signature of Parent/Guardian

Date