

# Prattville High School Band Medical Release

## SECTION I: Personal Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Parents/Guardians

Father \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Mother \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

If persons named above are not available in the event of an emergency, notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Name of personal physician \_\_\_\_\_ Phone \_\_\_\_\_  
Personal health/accident insurance carrier \_\_\_\_\_ Policy # \_\_\_\_\_  
Name of insured \_\_\_\_\_ Relationship \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR HEALTH INSURANCE CARD TO THE BACK OF THIS FORM.**

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## SECTION II. Health information

Allergies Yes \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_  
Epi Pen Yes \_\_\_\_\_ No \_\_\_\_\_  
Asthma Yes \_\_\_\_\_ No \_\_\_\_\_ Diabetes Yes \_\_\_\_\_ No \_\_\_\_\_  
Cancer/Leukemia Yes \_\_\_\_\_ No \_\_\_\_\_ Heart trouble Yes \_\_\_\_\_ No \_\_\_\_\_  
Seizures Yes \_\_\_\_\_ No \_\_\_\_\_ Other \_\_\_\_\_  
Routine Medications \_\_\_\_\_

Do you wear contact lenses Yes \_\_\_\_\_ No \_\_\_\_\_

If there are any special instructions or concerns about your child's health that we need to know about while traveling with your child, please note these instructions or concerns on the back of this form.

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## SECTION III: Authorization/Hold Harmless

In the event of an emergency, I \_\_\_\_\_ give Mr. Chris King, or his representative, permission to obtain any necessary emergency medical care for my child \_\_\_\_\_ while participating in Prattville HS Band activities. I understand that every effort will be made to contact me in the event of an emergency. I also agree to assume responsibility for all expenses that occur due to the medical treatment of my child.

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_