

Havelock High School Band Medical Release Form

STUDENT NAME: _____
Last name first name middle initial

Emergency Information

Student's Birth Date and Place of Birth: _____
Last Tetanus Shot: _____ Blood Type: _____
Address: _____ Home # _____
Father: _____ work # _____ Cell # _____
Mother: _____ work # _____ Cell # _____
Other Contacts:
1. Name: _____ Phone # _____
Relationship: _____
2. Name: _____ Phone # _____
Relationship: _____

Medical Information

Does your child have any serious allergies or other medical problems (i.e. asthma, diabetes, severe allergies to bites, etc.) of which band personnel should be aware of?

_____ Yes _____ No

If yes, please list or explain below: _____

Insurance Information

Is your child covered by insurance? _____ Yes _____ No

If yes, please fill out the following information:

Insurance Name: _____ Policy #: _____
Policy Holder: _____ Family Physician: _____
Physician's Phone #: _____

If your child is seriously injured, and band personnel are unable to contact any person on this form, may school personnel have an ambulance transport your child to an emergency center?

_____ Yes _____ No

All information on this form will be held in the strictest confidence. Please understand the importance of the information on this sheet in the case that your child should be injured or become ill. From time to time emergencies arise and band personnel must locate someone who can care for your child. If an emergency should arise for which medical assistance is needed, I give my permission for the Band Director(s) or a chaperone assigned by the band director to seek medical attention.

Signature of Parent or Guardian

Date

Havelock High School Band Program
Mr. Jorge Benitez & Mr. Christopher Elbing, Directors of Bands
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