HUNTSVILLE INTERMEDIATE BAND

**2014-2015 MEDICAL RELEASE**

I authorize Shannon Autry, or Amber Meeks, the “Band Directors,” or Huntsville Band Booster Chaperones to authorize any medical attention that may be needed for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, while on any band activity during the 2014-2015 school year. I understand that Huntsville ISD, the Band Directors, and other employees will not be held responsible for any injury that occurs to my child during the activities.

Does your child have any pre-existing medical conditions? (e.g. asthma, diabetes, heart murmurs, etc.) **YES NO**

 What are those pre-existing medical conditions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child take any prescription medication on a regular basis? (e.g. inhaler, Prozac, insulin, etc.) **YES NO**

 What medications does your child take? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any medication or food allergies? **YES NO**

 What are those medications? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you allow over-the-counter medication to be given to your child? (e.g. Pepto-Bismol, Tylenol, etc.) **YES NO**

# Are there any other problems/concerns we should know about? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Insurance Company Name Insurance Policy Number

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**Parent or Legal Guardian Signature** **Date**

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Parent or Legal Guardian Name (print) Parent/Guardian Home Phone Number

(\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Cell Phone Number Parent/Guardian Work Phone Number

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Secondary Person to call in case of Emergency Home Phone Number

(\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone Number Work Phone Number