

VICKSBURG HIGH SCHOOL BAND HEALTH/MEDICAL RELEASE FORM

Student's name _____ Student's age _____ Birthdate ____/____/____

Student cell phone (____) _____ - _____ Home phone (____) _____ - _____

Home address _____ City & Zip _____

Parent's name 1st contact: _____ Parent's Cell phone (____) _____ - _____

Parent's name 2nd contact: _____ Parent's Cell phone (____) _____ - _____

Medical Insurance company _____ Policy number _____

Policy Owner: _____ Group Number (if have one) _____

Dr. 's. Name _____ Ph # (____) _____ - _____

If parents or guardian cannot be reached in an emergency notify:

Name _____ Relationship to Student _____

Address _____ Phone number (____) _____ - _____

List any **physical problems** of which the director and/or nurse should be made aware. (Use Reverse Side if Needed)

1) _____ 3) _____

2) _____ 4) _____

No Known Allergies

Indicate any **allergies** that may necessitate treatment, the type of treatment and nature of reaction, if any.

1) _____ 3) _____

2) _____ 4) _____

Indicate any **medication**, which you will be taking with you on the trip and the purpose of that medication. Please indicate dosage and frequency the medication is taken. Indicate Breakfast, Lunch, Dinner, Bedtime or a Specific Time taken

MEDICATION	DOSAGE	When taken: Breakfast, Lunch, Dinner, Bedtime or a Specific Time

(Use Reverse Side or Attach additional paper if needed)

Have you been exposed or tested for COVID or FLU in the last 2 weeks? NO _____ YES _____

Are you having any cold symptoms, sore throat or cough today? NO _____ YES _____

I give my permission to any hospital, doctor or EMT to treat my son/daughter in case of illness or injury. I authorize Ben Rosier, Jay Bennett, or Carol Fuller RN, to sign consent forms for treatment and/or administer medication.

Parent's or Legal Guardian's Signature

Date