

MEDICAL RELEASE FORM

TO WHOM IT MAY CONCERN:

In the event my child should be injured and neither parent can be reached, I the undersigned do hereby authorize officials of the Bryant Schools to contact directly with the person named on the card and do authorize the named physician to render such treatment as may be deemed necessary in an emergency for the health of the said child. In the event physicians or other named persons on this card cannot be contacted, the officials are hereby authorized to take whatever action is deemed necessary in their judgement for the health of the aforementioned child. I will not hold the Bryant School District financially responsible for the emergency care and or transportation for said child. I give permission for a copy of the Emergency Medical Card to be given to any medical personnel involved in rendering medical care or transporting my child.

Student's Name _____

Address _____ City _____ Zip Code _____

Mother/Guardian _____ Phone _____

Father/Guardian _____ Phone _____

Other Contact in case of emergency:

Name _____ Phone _____ Relationship _____

Family Physician _____ Phone _____

Specific medical allergies, chronic illnesses, or other PHYSICAL conditions that could hinder marching ability:

Current Medication _____

Medicaid # _____ Student's ID # _____

Name of Insurance Company _____

Insurance Group # _____ Policy # _____

Please note: Students needing any medication (including aspirin and non-aspirin pain relief tabs) while on a band trip must bring it themselves. Band chaperones or school personnel are not permitted to dispense medication.

Parent/Guardian Signature

Date