PARENTAL STUDENT RELEASE FORM

Regarding: The Shadowlawn Middle School Band Events for the 2007-2008 school year

Name (one form per student)_____
Address_____
City_____ State _____ Zip Code _____
Telephone_____ DOB_____ Grade_____ Sex _____
Email Address _____
Student's Social Security #_____
Medical History (mark if a problem):
____ Diabetes ____ Epilepsy _____ Asthma ____ Allergies (i.e., food, medicine, etc.)

Other Medical Conditions _____
_____

Prescription Medications _____
If needed, mark any of the over-the-counter medications the student may take:

____ Tylenol	**____ Cortaid Cream**	**____ Cough Syrup/Drops**
____ Ibuprofen	**____ Pepto Bismol**	**____ Throat Lozenges**
____ Sudafed	**____ Benadryl**	**____ Neosporin Ointment**
____ Imodium	**____ Eye Drops**	**____ Betadine (to clean cuts)**

____ Dramamine (for motion sickness)

I, _____ (name of parent/guardian) give permission for Dr. Carol Chipman, Director of Bands, or any adult named by Dr. Chipman, to act in my behalf to approve appropriate medical treatment for my son/daughter _____ should an emergency medical treatment be necessary and will make any necessary financial reimbursements. I further state that I am of lawful age and legally competent to sign this Medical Release; that I understand that the terms herein are contractual and are not a mere recital; and that I have signed this document as my own free act. I agree to release and hold harmless Dr. Chipman or her nominee from any liability for decisions made pursuant to their authorization.
I have fully informed myself of the contents of the Medical Release by reading it and that the medical and insurance information I give below is accurate.

Name of Insurance Company_____

Account Number_____

Doctor's Name & Phone_____

Signature of Parent/Guardian_____

Emergency Phone Numbers _____
(Home) (Work) (Cell)

Sworn to and subscribed before me this _____ day of _____, 200____

Notary's signature_____ Commission expires_____