Last Name_____

MEDICAL RELEASE FORM
THIS FORM MUST BE NOTARIZED

_____ referred to as PARENT, is the parent and lawful guardian of _____, a minor, and referred to as MINOR, agrees: when MINOR attends all Louisville Male High School Band and Band Related Events for the school year 2016-2017 _____, has the permission of PARENT to participate in these events and all activities thereof. All employees and adult agents of Louisville Male High School/Band are herewith given the following authority in the school year stated above, to consent to any medical treatment that may be required by the above named MINOR in the place of and with the same authority as PARENT.

Further, in consideration of the services performed by the Louisville Male High School/Band and the employees and agents of Louisville Male High School/Band, all employees and agents of Louisville Male High School/Band are herewith released from liability for all actions taken in good faith during any trip.

It is also understood, by signature below, that all students are responsible for any medications they take routinely prescribed by their physician. The Band staff/parents are NOT allowed to administer any medication, including over the counter. If you child needs ANY type of medication, they are responsible for supplying and administering it themselves. This is a school policy and must be enforced.

THIS FORM MUST BE NOTARIZED

Signed (PARENT)_____

Notary: I have witnessed the signature of _____
this_____day of_____20_____. Signature_____
Commission expires:_____

Required Information:
Medical Insurance Carrier:_____
Address:_____
Policy Holder's Name:_____
Policy/Group Number:_____
Policy Holder's I.D.#:_____

Allergies: Mediations or Other_____
_____

Chronic Medical Conditions or "other" we should be made aware of:_____
_____

Requires an inhaler YES ____ NO ____

Parent/Guardian Daytime Phone#:_____
Evening Phone#:_____

Emergency contact information
Name/Phone:_____
Student or Family Physician/Phone:_____
Student Date of Birth:_____