



**MEDICAL RELEASE FORM
REEDY HIGH SCHOOL BAND**

STUDENT'S NAME: _____ GRADE: _____

PARENT'S NAME: _____

ADDRESS: _____ FRISCO, TX _____

HOME PHONE: _____ CELL PHONE: _____

STUDENT'S AGE: _____ DATE OF LAST TETANUS SHOT: _____

KNOWN ALLERGIES: _____

CURRENT MEDICATIONS: _____

SPECIAL INSTRUCTIONS: _____

NAME OF PARENT'S HEALTH INSURANCE COMPANY:

_____ POLICY #: _____

YOU ARE HEREBY AUTHORIZED TO OBTAIN ROUTINE MEDICAL OR HOSPITAL CARE AND
EMERGENCY MEDICAL AND SURGICAL HOSPITAL CARE AS NECESSARY FOR
_____ WHILE TRAVELING WITH THE REEDY HIGH SCHOOL
BAND AUGUST 1, 2016 – JUNE 1, 2017.

STUDENT SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____