

Jeffersonville High School Band
MEDICAL RELEASE FORM
2021-2022

(Please type or clearly print all information in pen)

Name: _____ Birthdate: _____
Address: _____ City: _____
Father's Name: _____ Mother's Name: _____
Sex: _____ Race: _____ Home Telephone: _____
Business Phone Father: _____ Business Phone Mother: _____
Father's Cell Phone: _____ Mother's Cell Phone: _____

Name of Insurance Company: _____
Policy or Group Number: _____

For the attending physician or hospital

Is student on any medication? _____ If yes, name of medication and dosage:

Does student have high blood pressure? _____
Is student diabetic? _____ If yes, name and dosage of insulin: _____

Date of last tetanus shot: _____

Is student allergic to any medicine? _____ If yes, please list all medications:

Does student have any other environmental allergies? (Ex; Bee stings, etc.) _____

Does student have contact lenses? _____

Has the student had any previous surgery? _____ If yes, please explain: _____

Is there any other information you feel is necessary should the need arise for treatment?
(Please attach additional information to this form if necessary)

To whom it may concern:

We (I) the parent(s) of _____ do hereby authorize and direct the
Jeffersonville High School Band initiate treatment deemed necessary by medical personnel on our child's
behalf and agree to "hold them blameless" for treatment rendered.

Parents will be notified by calling the above listed numbers, if parents can not be reached at those
numbers, please contact (emergency contact name) _____, (relationship)
_____ at (number) _____. You are authorized to provide
any and all information available to medical personnel and hospital staff without signed specific
permission to do so, in the event of an emergency, if our child is transported to a medical facility. My
signature indicates my understanding and consent to this document.

Parent's Signature: _____ Date: _____

Please Return by May 18, 2021