

# Medical Release Form

*If your child will be participating in extracurricular (outside of school) where they may travel off campus, please fill out and return this form. All information will remain confidential and will only be used in the event of an emergency. Contact your child's teacher with any questions.*

I give my child permission to attend all of the scheduled performances and trips of the Elgin Middle School Band program. I hereby release Elgin Middle School, Elgin ISD, its employees, and its volunteer sponsors from any and all liability and responsibility in connection with accident or injury to my child while with the Elgin Middle School Band at any official functions or on any trips. Should a medical problem arise, I grant the school officials and volunteer sponsors' permission to seek professional medical treatment for my child. I understand that I will be contacted prior to my child receiving any medical treatment.

**Child's Name:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

## **Please PRINT all of the following information:**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Physician: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent/Guardian's Phone: \_\_\_\_\_

Parent/Guardian's Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Please give us the name of a relative, neighbor, or family friend that lives close by that has your permission to pick up your child in case you cannot be reached.**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please list below any medication(s), food allergies, or known medical conditions of which we need to be aware:**

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**Additional Concerns:**