



Emergency Medical Release Form

Last Name: _____ First Name: _____ M.I.: _____ Gender (Circle): M F N/B O.

Address: _____ City _____ State _____ Zip _____

Parent/Guardian's Name(s) _____

Parent/Guardian's Employer (n/a if not applicable): _____

Work/Cell Phone #: _____ Home Phone #: _____

Insurance Company: _____ Policy Number: _____

Additional Emergency contact (include name, phone number and relationship to student): _____

Primary Physician: _____ Phone #: _____

Relevant Regular Medications: _____

Allergies: _____

Any Medical History Relevant to The Student's Participation in Band: _____

In the case of a medical emergency in which the parent/guardian CANNOT be reached, I authorize any SFPS employee to obtain medical treatment including: X-ray, anesthetic, medical or surgical diagnosis/treatment, and hospital service that may be rendered as deemed necessary for my child's health and welfare.

Signature of Parent/Guardian _____ Date _____