



Decatur Central High School Bands

Student Medical Release Form



Student Information

Student Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Date of Birth: _____
 Gender: Male Female Current Age: _____

Contact Information

Mother's Name: _____
 Home Phone: _____ Work Phone: _____
 Father's Name: _____
 Home Phone: _____ Work Phone: _____
 Step Parent (s)/Guardians: _____
 Home Phone: _____ Work Phone: _____
 Additional Contact(s): _____
 Relationship to the Child: _____
 Home Phone: _____ Work Phone: _____

Doctor/Hospital/Insurance Information

Doctor's Name: _____
 Office Phone: _____ After Hours Number: _____
 Preferred Hospital: _____
 Insurance Company: _____
 Name of the Insured: _____
 Employer: _____
 Group/Policy #: _____ ID #: _____





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Medical Information

Is your child currently taking any medications ? Yes No

Please list if yes: _____

Does your child have or has ever had any of the following conditions/illnesses:

Allergies- Please list: _____
(Common) (bee stings, latex, chocolate, first aid tape, grass, etc.)

Allergies- Please list: _____
(Medicine) (asprin, codeine, penicillian, etc.)

Anemia Asthma- does (s)he use an inhaler? Yes No

Diabetes- does (s)he use insulin? Yes No Elilepsy

Heart Condition Hepatitis HIV Hypoglycemia

ANY other medical information that should be known: _____

Medicine Information

Please check any of the following over-the-counter mdeicines that you permit to be given to your child if needed. Please indicate the total dosage allowed and initial where indicated. Please note that any medicine will be distributed by a chaperone of the Decature Central Music Department.

Medicine	Dosage	Medicine	Dosage	Medicine	Dosage
<input type="checkbox"/> Tylenol	_____	<input type="checkbox"/> Ibuprofen	_____	<input type="checkbox"/> Aspirin	_____
<input type="checkbox"/> Midol (or Similar)	_____	<input type="checkbox"/> Tums/Rolaid	_____	<input type="checkbox"/> Excedrin	_____
<input type="checkbox"/> Sudafed (or Similar)	_____	<input type="checkbox"/> Benadryl	_____	<input type="checkbox"/> Dramamine	_____

Consent for Medical Treatment

As the parent/legal guardian of _____, I heraby give my consent for the Director(s), Band Booster(s), or any designee of the Decatur Central High School Band to render medical care as deemed necessary to preserve the life, limb, or well being of the above named student. At no time , will I hold Decatur Central High School, the Band Director(s), Band Booster(s), affiliates, designees or anyone involved with such, liable for any situation beyond there control.

Signature: _____
(Parent/Legal Guardian)

Date: _____