

School Year _____

JACKSON LIBERTY BAND MEDICAL RELEASE FORM

Name of Student: PLEASE PRINT

Date of Birth:

Last Name

First

Date: MM/DD/YYYY

I/We give permission for the school to secure emergency medical treatment (to include drug/alcohol testing) on my/our behalf if necessary.

Parent(s)/Guardians(s):

Signature

Print

Signature

Print

Address

Address

Cell Phone Number

Cell Phone Number

Home Phone Number

Home Phone Number

Parent Email Address

Parent Email Address

EMERGENCY CONTACT INFORMATION: only if Parent/Guardian cannot be reached

Name (Print Clearly)

Relationship to Student

Phone Number

Hospitalization Coverage

Insurance Provider

Policy/I.D. or Contract Number

Allergies: _____

Allergies to Medication: _____

Allergies to FOOD: _____

Tetanus Information: _____

Other Medical information that may affect care: _____
