## JACKSON LIBERTY BAND VOLUNTEER MEDICAL RELEASE FORM

PLEASE	DRINT
	1 1/11/1

Last Name	First	Date of Birth	
Address		Cell Phone Number	
Email Address			
EMERGENCY CONTAC	T INFORMATION:		
Name (Pri		Print Clearly)	Phone Number
Hospitalization Cover	-		
Insurance Provider		Policy/I.D. or Contract Number	
Allergies (Seasonal, M	ledication or Foods):		
Tetanus Information:			
Other Medical inform	ation that may affect care:		
By signing below, I ag	ree to the following:		

- I give permission for the school to secure emergency medical treatment (to include drug/alcohol testing) on my behalf if necessary.
- I will abide by the JLBPSA Code of Conduct as outlined in the JLBPSA by-laws Section VII.12 Member/Volunteer Code of Conduct.

Signature of Volunteer

Date