

# Davis High School Bands Medical Release Form

Participant's Full Name (first, middle, last)		
_____ Participant's Instrument		
Participant's Home Address:		
City	State	Zip
Parent or Guardian:		
Home Phone	Mother Cell Phone	Father Cell Phone
Name of Person Responsible for Medical Bills (Guarantor):		
Guarantor's Relationship to Participant:	Guarantor's SSN:	
Guarantor's Employer:	Employer's Phone:	
Employer's Address:		
Insurance Company:		
Insurance Company's Address:		
Insurance Plan Number:		
Insurance Group Number:		
Insured I.D. Number		
If you do not have any medical insurance, sign below:		

Birthday (day, month, year)	SSN:
Name of Emergency Contact Person	Phone Number
Contact Person's Address	
Family Physician	Phone Number
Do you have any known allergies?	
NO	YES
Do you have a history of allergies, heart condition, diabetes, asthma, epilepsy, rheumatic fever, or other existing medical conditions?	
NO	YES
Are you taking medication? If yes, list what kind:	
NO	YES
Do you have any physical restrictions? If yes, please explain:	
NO	YES
When did you last have a tetanus shot?	
Do you grant permission for band medical personnel or chaperones to administer over the counter medication (pain reliever, allergy medication, etc.)?	
NO	YES

Having read and completed this form I, by signing below, do hereby release Davis High School and the Davis County School District from medical liability while my son/daughter participates on this trip. Further, in the case of emergency and after all attempts to contact me or our family physician have failed, I authorize adult chaperones to act in my behalf as guardian.

Parent/Guardian Signature

Date