

2013-2014 Medical Release/Information Form

Please Print

Student Name _____ Grade _____

Mailing Address _____ City/Zip _____

Home Phone _____ Cell Phone(s) _____

Father _____ Mother _____

Father's Work Phone _____ Mother's Work Phone _____

Alternate Adult Name _____ Phone _____

Alternate Adult Name _____ Phone _____

Insurance Coverage – (You may copy the front and back of your insurance card and attach to this space rather than printing this information.)

Insurance Company: _____

Policy Number: _____ Group in Name of: _____

Name of Parent who is the Policy Holder: _____

- 1. List allergies to food, medications, other. (If none, so state.)**
- 2. List pertinent medical information applicable to heart trouble, diabetes, epilepsy, allergies, etc. (If none, so state.)**
- 3. Does student carry medication? (If none, so state.)** _____

Name of medication(s): _____ **Purpose:** _____

4. Name of family physician: _____

Address: _____ **Phone:** _____

5. Additional medical information or comments: _____

I hereby grant permission for : _____ (name of student) to attend all applicable extra-curricular activities. I understand that a sufficient number of sponsors will be present and that the aforementioned student must obey the sponsors and all school rules. I also understand that the ODEM-EDROY INDEPENDENT SCHOOL DISTRICT, its employees, and/or sponsors, are not liable for injuries suffered by students while on any school sponsored trip (Article 2757, Texas School Law). The parent/guardian herewith grants permission for the employees to secure needed medical services for the above named student if necessary. Said parent or guardian agrees to be financially responsible for the medical services.

The form must be signed and returned to the Odem Band Directors before the student will be permitted to participate in any off-campus activity.

Signature of Parent/Legal Guardian

Date