

Taylor County Band
Medical Release Form

I _____, parent/guardian of _____,
Do hereby give the director(s) of the Taylor County Band the authority to seek and secure
any medical attention or care necessary for the above named child in my absence while
en route to, during, or returning from field trips with the band, or during rehearsals
throughout the school year.

Parent/Guardian Signature: _____

Home Phone: _____ Work Phone: _____

Emergency Contact Name: _____

Relationship to Child: _____

Emergency Contact Phone: _____

Medical History

Allergies:

Date of last tetanus immunization: _____

Please list any medical history/conditions (asthma, diabetes, heart trouble, etc.)

Any other information that should be known: _____

Family Physician: _____

Phone: _____

Insurance Company: _____

Policy #: _____