

RMHS INSTRUMENTAL MUSIC MEDICAL RELEASE

Last Name: _____ First Name: _____

Parent or Guardian Name(s) _____

Street Address _____

City _____ State _____ Zip Code _____

Mother/Guardian Emergency Phone: (____) _____ -- _____

Father/Guardian Emergency Phone: (____) _____ -- _____

Other Emergency Phone: (____) _____ -- _____

Other Emergency Phone: (____) _____ -- _____

Family Physician: _____ Phone: _____

List any & all illnesses or conditions student has been treated for in the past:

List any & all known allergies (N/A if none known):

List any medications student is currently taking or medical conditions for which the student is being currently treated:

Insurance Company _____ Phone _____

Address _____

Insured Name _____

Insured ID # _____ Group # _____

I hereby give written permission for my child to be transported via ambulance to the medical facility deemed necessary for appropriate and immediate medical attention.

Signature of parent/guardian _____ Date ____/____/____

Printed name of signee _____

A completed Medical Release must be on file with Mr. DeWitt before a student is able to participate in any part of the Instrumental Music Program at Rocky Mountain High School. Information from this form is for emergencies only and will not be shared.