

Godley HS Band Medical Release Form

(Please print)

Student's Name: _____	Date of Birth: _____
Street Address: _____	City: _____ Zip Code: _____
Student Cell Phone: _____	Student Email: _____
Parent/Guardian #1: _____	Parent/Guardian #2: _____
Address: _____	Address: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____ Ext: _____	Work Phone: _____ Ext: _____
Cell Phone: _____	Cell Phone: _____
Parent #1 Email: _____	Parent #2 Email: _____
If unable to reach parent/guardian, please notify: Name: _____	Relationship: _____
Home Phone: _____	Cell Phone: _____

Student's General Health Information

Does your child take medicine? YES NO (circle one)

(A completed and signed *School Medication Prescriber/Parent Authorization Form* is required for each medication (prescription or over-the-counter) medication to be administered during the field trip).

Does your child have allergies? YES NO If yes, please list: _____

Does your child require medicine to treat severe allergic reactions to insect stings/bites, food, ect.? YES NO (If yes, please the steps to be followed and fill out the *School Medication Prescriber/Parent Authorization Form*.)

Does your child have asthma? YES NO

(If yes, a completed and signed *School Medication Prescriber/Parent Authorization Form* is required for each medication (prescription or over-the-counter) medication to be administered during the field trip

Does your child wear contact lenses? YES NO

Date of your child's last Tetanus Booster Shot ____/____/____

Is there a health history that may assist the person in charge if this student should become ill?

Family Physician: _____ ty:____
Address: _____
_____ State: _____ Zip Code _____

Insurance Company _____
Group Number: _____ Certificate Number: _____

I give my child permission to travel with and participate in all of the supervised activities of the Godley High School Band. To the best of my knowledge, he/she is physically fit to engage in such activity and is not suffering from any disease or injury.

I agree and do hereby waive and release all claims against the Godley Independent School District and any teacher, employee or other person engaged in the activity in question and agree to hold them harmless from any and all liability relating to my son/daughter for any personal injury or illness that may be suffered or any loss of property that may occur.

I also authorize the Godley High School Band Directors to act on my behalf if an accident occurs and my child needs medical attention.

Signature: _____ Date: _____