LSHS Band

Medical Release and Transportation Form

Student's Name _____ Grade _____
Parent's Name _____
Address _____
Street
_____ _____
City Zip Code
Phone: Home _____ Work_____
Cell_____
Emergency Contact _____ _____
Name Phone

Date of Birth _____ Social Security Number _____

Insurance Company _____ Policy # _____

Current Medications:
_____

_____

_____

Allergies:
_____

Medical Conditions (check all that apply)

Allergies/Hay Fever	Diabetes	Kidney Problems
Anemia	Dizziness/Fainting	Menstrual Disorder
Arthritis	Epilepsy	Mumps
Asthma	Gall Bladder Disorder	Nervousness
Bleeding Disorder	Headaches	Pneumonia
Bronchitis	Heart Disease	Rheumatic Fever
Chest Pain	Heart Murmur	Rubella

Chronic Rash	Heart Palpitations	Shortness of Breath
Depression	Hypertension	Stomach Problems

Other (please explain) _____

Personal Physician _____ _____

Name Phone

I hereby authorize the Douglas County Schools personnel to admit my child for medical treatment in the event I cannot be reached, I authorize the same personnel to take my child to the hospital emergency room for treatment, if needed. I understand I am legally responsible for any financial obligations incurred in the emergency treatment of my child. I further give my permission for my child to ride any and all types of transportation for any and all band trips.

_____ _____

Parent Signature Date