

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