

LIBERTY HIGH SCHOOL RELEASE AND PARENTAL MEDICAL CONSENT

(Please print or type information)

NOTE: This form should be kept by the advisor/chaperone during the activity.

ACTIVITY: MARCHING BAND AND COLORGUARD Fall 2021 **DATE:** _____ **GROUP:** Band

Students Name _____ Birth Date _____ Home (street address) _____ (city) _____

Parent/Guardian Name _____ Parent/Guardian Name _____

Address _____ Address _____

Work Phone _____ Work Phone _____

Home Phone _____ Home Phone _____

Emergency Contact Person _____
(name) (phone) (relationship)

Address if different than above _____

Medical Insurance Information _____ If you do not have
Insurance Company Group Number insurance check here _____

I hereby agree to release Liberty High School, its representatives, agents, servants, and employees from liability for any injury to above named person, resulting from any cause whatsoever occurring to above named person at any time while participation in the field trip, including travel to and from the activity, excepting only such injury or damage resulting from willful acts of such representatives, agents, servants, and employees.

Parent/Guardian Signature _____ Date _____

I do voluntarily authorize the advisor or chaperon to administer and/or obtain routine or emergency diagnostic procedures and/or routine or medical treatment for the above-named person as deemed necessary by medical judgment

Parent/Guardian Signature _____ Date _____

MEDICAL INFORMATION

This form is for basic information in case of an emergency, liability release, and an authorization Of emergency medical treatment. Every effort will be made to contact parents or guardian prior to any medical treatment.

NOTE: Most medical facilities will not perform medical treatment on minors without parental consent or legal Authorization

- Does your student have any allergies?
 - NO _____
 - YES ___ Explain _____
- Does your student have any dietary preferences and/or food allergies/reactions?
 - NO _____
 - YES ___ Explain _____
- Does your student have any history of heart conditions, diabetes, asthma, epilepsy, rheumatic fever or other existing medical conditions?
 - NO _____
 - YES ___ Explain _____
- Is your student taking any prescription medications?
 - NO _____
 - YES ___ Explain _____
- Does your student have any physical restrictions or conditions that the group advisor/chaperon should be aware of?
 - NO _____
 - YES ___ Explain _____