

Vinita Band Release Form

Student Name: _____ Age: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

In Emergency Notify: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Alternate Contact: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

1. Please list any known allergies or medications your child is unable to take

2. Please list any medications your child takes on a regular basis

3. List any other medical condition(s) that would be helpful to know about (Including but not limited to Diabetes, Asthma, Epilepsy, Cardiac problems, Orthopedic Problems). _____

4. Date of last tetanus immunization, if known: _____

The above named child has current medical insurance coverage through:

Insurance Company: _____ Insurance Phone Number: _____

Name on Insurance Policy: _____ Policy Number: _____

The above named child will be participating in the Vinita band program during the _____ school year. In the event that my child should need emergency medical care or attention, Vinita Public Schools and/or one of its employees is hereby authorized to consent to the provision of such emergency medical care for my child as is recommended or suggested by a doctor, surgeon, nurse or other health care professional.

If such emergency care is provided to my child, I understand that my child's health insurance information will be given to the health care professional and that any expenses not covered by my child's insurance shall be my responsibility. I understand that Vinita Public Schools will not be obligated to pay either the health care professional or me for any medical expenses incurred on behalf of my child.

I give permission for my child to travel with the band to football games, contests, parades, and other events in which the Vinita Band participates.

I understand that from time to time the names and/or pictures of students involved in the Vinita Band may be released or published in various media, including but not limited to local newspapers, television and radio stations, and school and band websites. I hereby consent to the release and or publication of this information regarding my child for the purposes of promoting the band program.

Parent Signature: _____ Date: _____

Printed Name: _____ Relationship to child: _____