



RIVERDALE HIGH SCHOOL BAND

Form Due: Friday, July 26, 2019

2019 – 2020 MEDICAL RELEASE FORM

Student Name: _____ (Last Name) _____ (First Name) Date of Birth: _____

Address: _____ (Physical Address, City, State and Zip)

Insurance Info: _____ (Insurance Carrier) _____ (Policy Number) _____ (Group Number)

IN CASE OF EMERGENCY CONTACTS

PRIMARY Contact Information

Name: _____
Relationship: _____
Phone Number: _____

SECONDARY Contact Information

Name: _____
Relationship: _____
Phone Number: _____

MEDICAL HISTORY AND MEDICATIONS

ALLERGIC HISTORY

Medication Allergy? If YES, please describe. Yes No

Insect Allergy? If YES, please describe. Yes No

Food Allergy? If YES, please describe. Yes No

Other Allergy? If YES, please describe. Yes No

CURRENT MEDICATIONS

Yes No
If YES, list all medications - Prescribed & Over-the-Counter

SPECIAL EQUIPMENT

Yes No
If YES, list all (e.g. Glasses, wrist brace, etc...)

CONDITION OR ILLNESS

Yes No
Does the student have a chronic or ongoing condition for which he/she is being treated or undergoing evaluation?
If YES, please list.

SPECIAL NEEDS

Yes No
Are there any physical/emotional needs which the nursing/medical personnel should be aware of? If YES, please list.

OVER THE COUNTER MEDICATIONS

1) I give permission for Nursing/Medical/Chaperone personnel to administer over-the-counter medications (e.g. Tylenol, Dramamine, Ibuprofen, Pepto Bismol, cough drops, Benadryl, etc...) when needed Yes No
INITIALS _____
2) Are there any exclusions, restrictions or concerns about over-the-counter medications for your student? If YES, please list. Yes No

AUTHORIZATION AND NOTARIZATION

In case of need, I grant my permission for my child to be treated by a health care professional in my absence. (For emergency use only. Every effort will be made to contact parents prior to treatment). _____ (Parent/Guardian Signature) _____ (Date)

Before me, a Notary Public, in and for Rutherford County, Tennessee, personally appeared _____ with whom I am acquainted and who acknowledged the completion of this instrument. Witness my hand and official seal of office on this the _____ day of _____, 20____.

(Commission Expires)

(Notary Public)