

MEDICAL RELEASE FORM (Additional to Physical)
WOODBRIDGE SENIOR HIGH SCHOOL BAND

Student name _____ Age _____ Grade _____
(last) (first) (MI)

Address _____

Date of Birth _____ Student's Social Security No. _____ Home Phone _____

Dad's wk phone _____ cell _____ Mom's wk phone _____ cell _____

Emergency name and number other than parent _____ Relationship _____

Student insurance information:

Primary Policy Holder _____ Policy and/or contract number _____

Name, address, and phone number of insurance company _____

Health History (check all that apply):

Asthma Orthopedic problems Cardiac problems Diabetes Epilepsy Other

Please explain _____

Allergies (check all that apply):

Insect stings Peanut Penicillin Sulfa Aspirin Other

Please explain _____

Do we have permission to administer to your child (please check all that apply):

Cold Medicine Pepto Bismal Benadryl Acetaminophen Sore throat lozenges Ibuprofen
(Sudafed, Dayquil) (upset stomach) (allergies) (Tylenol) (Halls) (Advil, Motrin)

Dramamine (motion sickness) Imodium (diarrhea)

Date of last tetanus shot? _____

Any other health problems that may limit the amount of physical activity the student can perform (recent illnesses, broken bones, injuries, heel spurs, etc.): _____

Is the student under medical treatment of any kind? If so, please explain. _____

Name of any prescription or nonprescription medicines the student takes and reason for taking it: _____

Name of family Physician _____ Phone _____

Name of family Dentist _____ Phone _____

PARENT AUTHORIZATION: This health history is correct to the best of my knowledge and the student herein described has permission to engage in all activities (unless otherwise noted by me). I give permission to the physician or hospital selected by a medical representative of my son or daughter's school to hospitalize, secure proper treatment for and to order medication, injections, or surgery as may be medically necessary for my child as named above for the duration of this field trip. I will be responsible financially for any treatment or expenses in case my child has to be flown or driven back home.

Signature of parent or guardian (MUST be signed in presence of notary) Date _____

Subscribed, sworn to, and acknowledged before me by _____
Notary Public

This _____ day of _____, 20____. My commission expires _____