

Carter High School Band

Medical Information & Release Form

06-07

GENERAL INFORMATION

Student Name - First		Middle	Last	
Birthdate / Age	Grade	Gender Male Female		Home Phone
Address			Social Security Number	
City / State / Zip			Mother	Father

EMERGENCY CONTACT INFORMATION

First Contact		Relationship to Student	Phone Number
Second Contact		Relationship to Student	Phone Number
Insurance Provider	Subscriber #		Policy #
Family Physician			Phone Number

MEDICAL INFORMATION

Please List All Allergies (Food, Drug, Common)			
Is your child on any prescription medication?	If Yes, List Medications:	Knox Co Policy requires a director of chaperone to administer medication. Please attach instructions.	
Other Medical Information:			
The directors will have some OTC medicines available. Please MARK OUT medications NOT to be given.	Tylenol Aspirin Ibuprofen Hydrogen Peroxide	Pepto-Bismol TUMS / Rolaids Throat Lozenges Cough Drops	Date of Last Tetanus Shot

I, _____, parent or legal guardian of _____ understand by signing below that:

I give authorization to a director to seek medical attention for my child should an emergency arise. I understand that attempts will be made to contact me using the emergency numbers listed above if such an emergency does arise. If I cannot be contacted, this form will serve as my consent to provide services and information pertaining, but not limited to, patient information, insurance information, contact and billing information, and medical information to the medical provider.

The Knox County Board of Education, its members, employees and agents assume no responsibility for personal injuries and/or property damage which might be suffered by my child, his/her property, or the person or property of others during said function/trip, and we hereby expressly release said Board of Education, its members, employees and agents from any and all liability relating to any such injuries or damages.

The Knox County Board of Education's policies on Student Conduct and Discipline shall be in full force and effect as to all student participants in this function/trip at all times during the same, and any violation of any rule(s) contained therein by my child may result in appropriate disciplinary measures including suspension and expulsion as provided in said policies.

The Knox County Board of Education, its members, employees and agents are not responsible for any expenses related to this school function/trip except as otherwise specifically agreed by them in writing. Likewise, they are not responsible for any medical expenses or compensation should an emergency arise. I am financially responsible for my child while on this function/trip.

Signed _____ Date _____

Witnessed _____ Relationship to above _____