

**JACKSON MEMORIAL BAND  
MEDICAL RELEASE FORM**

**Current Year:**

|                  |
|------------------|
| <b>2009-2010</b> |
|------------------|

**Name of Minor:**

**Date of Birth:**

|           |       |            |
|-----------|-------|------------|
| _____     | _____ | _____      |
| Last Name | First | MM/DD/YYYY |

**I/We give permission for the school to secure emergency medical treatment (to include drug/alcohol testing) on my/our behalf if necessary.**

**Parent/Guardian:**

|           |           |
|-----------|-----------|
| _____     | _____     |
| Signature | Signature |

|         |         |
|---------|---------|
| _____   | _____   |
| Address | Address |

|                         |                         |
|-------------------------|-------------------------|
| _____                   | _____                   |
| Daytime Phone Number(s) | Daytime Phone Number(s) |

|                         |                         |
|-------------------------|-------------------------|
| _____                   | _____                   |
| Evening Phone Number(s) | Evening Phone Number(s) |

**Hospitalization Coverage:**

|                    |                                |
|--------------------|--------------------------------|
| _____              | _____                          |
| Insurance Provider | Policy/I.D. or Contract Number |

Allergies: \_\_\_\_\_

Allergies to Medication: \_\_\_\_\_

Tetanus Information: \_\_\_\_\_

Other Medical problems that may affect care:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_