

**MEDICAL RELEASE FORM  
HEFNER SCHOOL BAND  
2017-2018**

Student \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Student Cell Phone # \_\_\_\_\_

Father \_\_\_\_\_ Mother \_\_\_\_\_

Father's Work # \_\_\_\_\_ Father's Cell # \_\_\_\_\_

Mother's Work # \_\_\_\_\_ Mother's Cell # \_\_\_\_\_

Alternate Emergency Name \_\_\_\_\_ Phone # \_\_\_\_\_

The above named student has my permission to participate in school-sanctioned activities as a member of the Hefner Middle School Band during the 2017-2018 school year. Students, even when off campus, are still subject to the school rules and regulations when participating with the HMS Band. I understand that any student who does not conduct himself/herself properly may be: 1. Sent home at the parent's expense 2. Prohibited from participating as a member in good standing in future activities and/or 3. Subject to other appropriate disciplinary action. By signing this document, the parent and/or legal guardian releases the Putnam City School District and the Hefner band directors, chaperones, volunteers, etc. from any and all claims resulting from injury of the above named student or the loss or property of the above named student while participating in any activities connected with the Hefner Band.

**Insurance Coverage** (Please attach a photo copy of the front and back of your insurance card, if none, so state)

Primary Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Group Name \_\_\_\_\_

Name of parent who is the policyholder \_\_\_\_\_

Secondary Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Group Name \_\_\_\_\_

Name of parent who is the policyholder \_\_\_\_\_

Dental Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Group Name \_\_\_\_\_

Name of parent who is the policyholder \_\_\_\_\_

Over →→→

**Health-Related Information About Student**

1. List allergies to food, medications, other (If none, so state)
  
2. List pertinent medical information (heart trouble, diabetes, epilepsy, asthma, etc.)  
(If none, so state)
  
3. Does the student need medication? (If none, so state)

Name of medication(s) \_\_\_\_\_

Purpose of medication(s) \_\_\_\_\_

**ALL RULES GOVERNING MEDICATIONS FALL UNDER THE PUTNAM CITY SCHOOL DISTRICT AND HEFNER MIDDLE SCHOOL POLICY (These policies can be found in the Hefner Student Handbook)**

4. Date of last tetanus injection \_\_\_\_\_

5. Name of family physician \_\_\_\_\_ Phone# \_\_\_\_\_

6. Does student wear: glasses? \_\_\_\_\_ contact lenses? \_\_\_\_\_ hearing aids? \_\_\_\_\_

7. Additional medical information or comments: \_\_\_\_\_

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

I give permission for \_\_\_\_\_ to travel with the Hefner Middle School band on trips. When available, I give permission to the band physician to evaluate my child. I also give my permission for the directors to secure emergency care for my child in the event that I cannot be reached. I also guarantee payment of all charges incurred for medical treatment such as, but not limited to physician, hospital, x-ray, laboratory, drugs, and EMS. This form must be signed and returned to the Hefner Middle School band directors before the student will be permitted to participate in any off-campus activity.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PHOTO RELEASE**

I DO \_\_\_ DO NOT \_\_\_ give Hefner Middle School band permission to publish photographs or video footage taken of my child during band related activities or events.

Signature \_\_\_\_\_ Date \_\_\_\_\_