



MEDICAL / PHYSICAL INFORMATION 2011 - 2012

Family Information

Name of Student _____ Date of Birth ____ / ____ / ____
(Last) (First) (Middle Initial)

Address _____
(Street Address) (City / Town) (Zip Code)

(Student) Home Phone (573) _____ (Student) Cell Phone (573) _____ (Student) ID# _____

Name of Father _____ Name of Mother _____

(Father) Home Phone (573) _____ (Mother) Home Phone (573) _____

(Father) Cell Phone (573) _____ (Mother) Cell Phone (573) _____

(Father) Work Phone (573) _____ (Mother) Work Phone (573) _____

Friend or Relative _____
(Name) (Home Phone) (Work Phone)

Medical Release / Parental Consent to Participate

I hereby give my consent for the above student to represent his/her school in interscholastic music activities. I also give my consent for him/her to accompany appropriate musical ensembles, as a member, on out-of-town trips. I will not hold the district/school responsible in case of accident or injury, whether it be en route to or from an activity, during practice/rehearsal (i.e. marching band) or in participation of interscholastic event or contest. I fully understand that injuries can occur during preparation (rehearsal) and performance of the music curriculum, including, but not limited to, marching band.

If I cannot be reached in the event of an emergency, I give my consent and authorize school personnel to obtain, through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the student. I understand that I am responsible for all debts incurred during such treatment.

Parent or Guardian _____ Date _____
(Signature)

Health Insurance Company _____ Policy or ID Number _____

THE STATE OF MISSOURI-COUNTY OF BOONE

Before me, the undersigned authority, on this day personally appeared _____, known to me to be the person who signed the foregoing document in my presence. and who-upon with stated that such document was executed for the purpose and considerations therein contained and if changes to the above agreed upon should occur, they will be provided, in writing, to the activity sponsor.

Subscribed on this _____ day of _____ 20____ Notary Public in and for the State of Missouri