Southmoore Instrument Arts Program
Emergency Medical/Liability Release Form 2023-24

Please Print or Type All Information – ALL Information must be complete

Section A - Emergency Medical Information

Student's Name: _____ Grade _____ Date of Birth _____ Age _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone Number: _____

Father/Guardian's Name: _____ Work Phone _____

Cell Phone: _____

Mother/Guardian's Name _____ Work Phone _____

Cell Phone: _____

Family Physician _____ Phone: _____

Section B – Emergency Contact Information

Please list two other persons other than the parent/guardians to call in case of an emergency

1. Name: _____ Relationship: _____ Work Phone _____

Cell Phone: _____

2. Name: _____ Relationship: _____ Work Phone _____

Cell Phone: _____

Section C - Medicines

Please list medicines that the minor is regularly taking

Medication Name	Dosage	Prescription Start Date and End Date	Times Per day

Please list any over the counter medicines (Acetaminophen, Aspirin, Ibuprofen, Benadryl, Pepto Bismol, etc.) that our sponsors may choose to administer in the case of minor medical issues (minor headaches, stomachache, etc.).

_____

_____

_____

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Section D - Medical History

Please list any physical challenges and/or drugs to which the student may be sensitive

_____

_____

Minor's Allergies (Keep in mind, Food Allergies are important for us to know):

_____

Date of Student's last Tetanus Shot: _____

Please list any medical history/conditions that a physician/chaperones need to be aware (surgeries, seizures, asthma, diabetes, etc.).

_____

_____

_____

Section E - Insurance Information

Insurance Provider/Company: _____

Policy Number: _____

Section F - Authorization for Medical Care of a Minor/Statement of Ability to Participate/Liability Release

_____, the undersigned parent or person having legal guardianship of _____
Legal Parent/Guardian *Student*

do hereby authorize the activity sponsor(s) to consent to an x-ray, examination, anesthetic, medical surgical or dental diagnosis or treatment and hospital care to be rendered to the above-named minor under general or special supervision and upon the advice of a physician, surgeon, or dentist. In giving consent, I recognize and understand that in all situations where the above named minor requires immediate medical or hospital care it may not be possible to contact me. In such situations I will not be able to knowledgeably evaluate and choose among the available alternate treatments or procedures if any, or evaluate the risk attendant upon each and the risks attendant to foregoing all treatment. In these situations, I authorize a physician, surgeon or dentist to exercise his/her professional judgment and assess the risks incident to and choose the right treatment from any available alternatives and to render such care and perform such treatment as he/she in his/her professional determines to be necessary for the health or safety of the above named minor.

I further warrant that through the submission of this Emergency Medical Form that the above named minor is, to the best of my knowledge and belief, physically and mentally able to participate in the Southmoore High School Band and all the physical demands that such participation entails. I am aware that band is a physical activity requiring proper habits such as adequate hydration and physical fitness from the above named minor.

I also understand that the medical information listed on this form may be shared with any individuals that are supervising or caring for the above-named minor at any band activity including adults designated as chaperones at any band activity. I further understand that minor medical care such as the administering of medicines and treatment for minor issues such as heat related events may be administered by said chaperones. I further give permission for the above-named child to be treated and cared for by school medical personal such as the athletic trainer or school nurse when deemed medically necessary at the time.

I understand that Moore Public Schools, Southmoore teachers or staff, as well as any individuals acting on behalf of the band program to supervise or care for the above named minor will assume no liability for accident or injury claims while performing their duties and/or such claims incurred through the use of the school campus and/or facilities or while in transit to, or on location, off campus. The undersigned individual(s) agree(s) to hold all of the above mentioned blameless with respect to such claims incurred while with the band. The undersigned understands that an annual physical is not required, but is suggested since marching band is a very physically demanding activity.

_____ _____
Signature of parent or legal guardian *Date*