

**Lincoln East High School Band
Medical Release Form**

I, _____ of _____
Parent / Guardian Name Address City State Zip

am the relation _____ of _____
relation (father, mother, etc) Band Member's Legal Name

at _____
Address City State Zip

I hereby give my consent, in the event all reasonable attempts to contact me have been unsuccessful, for immediate medical treatment as required in the judgment of the attending physician while _____ is absent from home for a school event.

Member's date of Birth: _____ Social Security Number: _____
(optional for this form, but student should have their # with them)

Parent / Guardian Phone Number (s): Work _____
Home _____

Physician _____	Dentist _____
_____	_____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

Work Phone _____ Work Phone _____
Home Phone _____ Home Phone _____

Medical Insurance Company _____ Policy Number _____
Name of Insured _____

The following information is needed by any hospital or practitioner not having access to a medical history.
Allergies _____ Date of last tetanus shot _____
Medication being taken _____
Physical impairments _____

If Parent / Guardian cannot be reached in case of emergency call:

First Choice (Area Code) Phone Number

Second Choice (Area Code) Phone Number

In a medical emergency, I consent to the LEHS advisor or appointed chaperone, his / her or their discretion in using, taking, arranging for or consenting to the procedures or treatment. I consent to this completed form being made available to adult sponsors on the trip and consent to it being given to health care providers in the event of a medical emergency. I agree to indemnify and hold harmless the Lincoln Public Schools to indemnify members, employees, and representatives thereof, for any and all claims, arising from or on account of said procedures and/or treatment rendered in good faith and according to accepted medical standards. I assume the total financial responsibility for the above-named member and will not hold the Lincoln Public Schools responsible in the event of medical emergency.

Signature of Parent / Guardian Date