



Normal West High School Bands

501 N. Parkside Road

Normal, IL 61761

(309) 336-6253

www.normalwestbands.org

Medical Release Form 2014 - 2015

In the event of illness or injury or need for dental care, I give my permission for my son or daughter

to receive treatment and/or medication by qualified personnel. I agree that the cost of any treatment will be my responsibility. This agreement will be in effect during all activities occurring outside the regular school day from June 2014 through June 2015.

Parent/Guardian Signature

Parent/Guardian Signature

Parent/Guardian Printed Name

Parent/Guardian Printed Name

Cellular Phone Number

Cellular Phone Number

Home Phone Number

Home Phone Number

Email Address

Email Address

Date

Date

Please complete the reverse side of this form.

Emergency Medical Information

Student's Name _____	Birth Date _____
Emergency Contact _____	Relationship _____
Home Address _____	Cell Phone _____
_____	Work Phone _____

Nearest Relative _____	Relationship _____
Home Address _____	Cell Phone _____
_____	Work Phone _____

Student's Physician _____	Office Phone _____
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Student's Current Medical Status

Allergies (include medications, foods, bee stings, etc.)		
Current Medications (include insulin, penicillin, inhaler, etc.)		
Diseases (include asthma, diabetes, etc.)		
Are immunizations up to date (including tetanus)? (circle one)	YES	NO

Insurance Information

Insurance Company Name
Address

Primary Subscriber _____	Policy _____
Subscriber ID # _____	
Employer Name _____	Phone _____
Address _____	City _____

My son or daughter is permitted to take the following medicines if needed:

Acetaminophen (Tylenol) Ibuprofen (Motrin/Advil) Diphenhydramine (Benadryl)

Other (please list)

Please list any additional information that would be helpful in caring for your son or daughter: