

MEDICAL RELEASE:

I _____ GIVE *JESSIE MORLAN*,
(PARENT OR GUARDIAN)

DIRECTOR OF BANDS, OR HIS DESIGNATED AGENT PERMISSION TO ACT ON MY BEHALF IN THE CASE OF A MEDICAL EMERGENCY. MY CHILD IS

(CHILD NAME)

EMERGENCY CONTACT PERSONS:

- 1.
- 2.
- 3.

PLEASE SIGN AND RETURN

(PARENT OR GUARDIAN SIGNATURE)

(STUDENT SIGNATURE)

MEDICAL INFORMATION:

EMERGENCY PHONE NUMBER

LIST MEDICATION ALLERGIES

:

LIST ANY MEDICAL CONDITION WE MAY NEED TO KNOW ABOUT:

