Normal West High School Bands
501 N. Parkside Road
Normal, IL 61761
(309) 336-6253
www.nwbands.org

Medical Release Form 2017 - 2018

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 2017 through June 2018.

_____	_____
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 as accurately as possible.
Be sure to contact the director if the student's medical condition, allergies, or current medications change over the course of the year. Your thorough and complete responses will be kept confidential and will enable first responders to provide the best treatment possible if necessary.

Emergency Medical Information

Student's Name _____ **Birth Date** _____

Emergency Contact _____ **Relationship** _____

Home Address _____ **Cell Phone** _____

_____ **Work Phone** _____

Emergency Contact #2 _____ **Relationship** _____

Home Address _____ **Cell Phone** _____

_____ **Work Phone** _____

Student's Physician _____ **Office Phone** _____

Student's Current Medical Status

Allergies (include medications, foods, bee stings, etc.)
Current Medications (include inhalers, insulin, any tablets or capsules taken daily, and dosages 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 or Group** _____

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: