

S.D. Lee Middle School
Choral Music Department
Showtime ♦ Girls' Choir ♦ 2007-2008

MEDICAL RELEASE FORM

Student's Name _____ **School:** Lee Middle School

I certify that _____ is capable and able to fulfill requirements needed to be a member of the LMS Showtime Show Choir or Girls' Choir. I understand the legality releases all obligations for the medical treatment of any kind to my child in the event of illness or injury during any choir related activity when either parent cannot be reached. If there is any physical or medical reason why she should not participate fully, the school requires a doctor's release. Furthermore, the school is not liable for any injury incurred during show choir or girls' choir performance.

Parent Signature _____ **Date** _____

Parent Name (Print) _____

Medical Treatment Permission Form

In the event of an emergency occurring while my child is on a school sponsored practice, performance, or trip, I grant my permission to the school and its employees to take whatever action is necessary. In the event that I cannot be reached, I hereby authorize the school and/or its employees to give consent for my child _____ to receive medical treatment.

Home Phone _____ **Business Phone** _____
Address _____
City _____ **State** _____ **Zip** _____

Person to be notified other than parent or guardian in an emergency:

Name _____ **Relation** _____ **Phone** _____
Family Doctor _____ **Phone** _____

If you do not grant permission for consent to medical treatment, what procedure should be followed?

Insurance Company _____ **Policy #** _____

Parent Signature _____ **Date** _____

Medical Information:

	Circle One			Circle One	
Heart Condition or Disease	Yes	No	Asthma	Yes	No
Diabetes	Yes	No	Allergic To Medication	Yes	No
Convulsion Disorder	Yes	No	Allergic to Insect Stings	Yes	No

State Allergies: _____ **Date of last tetanus shot** _____

Additional medical information that may be helpful:

Current Medications: _____
