

## Information and Medical Release Form

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Student's Cell Phone \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's/Guardian's First & Last Name \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's/Guardian's First & Last Name \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian Email address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Student's Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

List any allergies the student has (including drug allergies) \_\_\_\_\_

List any medications that are being taken \_\_\_\_\_

\_\_\_\_\_

List any conditions that may restrict physical activity \_\_\_\_\_

I do hereby give to the Wylie High School Choir Directors, or their designees, the authority to seek medical attention for the above named student in the event of an emergency or in any situation that requires medical attention.

**By signing below, I agree to abide by the rules, regulations and policies stated herein.**

Student Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_