

Travis Rebel Band Medical Release Form  
Year 2023-2024

Name: \_\_\_\_\_ Student #: \_\_\_\_\_  
Birth date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone # \_\_\_\_\_ Cell: \_\_\_\_\_

Parent Guardian Name: \_\_\_\_\_

Contact in case of emergency: \_\_\_\_\_  
Phone # \_\_\_\_\_ Alternate # \_\_\_\_\_

Alternate Contact (if parent unavailable): \_\_\_\_\_  
Phone # \_\_\_\_\_ Alternate # \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Any medical problems? \_\_\_\_\_ If yes, please list: \_\_\_\_\_  
Taking any medications? \_\_\_\_\_ If yes, please list: \_\_\_\_\_  
Any allergies? \_\_\_\_\_ If yes, please list: \_\_\_\_\_  
If you have any injuries/illnesses that need special attention please list them:  
\_\_\_\_\_

Insurance Information (In case of emergency):  
Insurance Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone # \_\_\_\_\_  
Name of insured: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
Member #: \_\_\_\_\_  
Group #: \_\_\_\_\_

In Case of Emergency:  
In case of injury or illness we understand that the parent or guardian is responsible for all medical bills. We understand that the school district or its employee will not pay for any bills due to injuries or accidents. In case of injury or illness needing immediate attention, we authorize securing medical care by the director or the person in charge, using a doctor, or other services selected by the director. If time permits, we prefer the person in charge use the following.

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
\*\*\*\*\* Notary Public: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\***MUST BE NOTARIZED to be valid**