

Travis Rebel Band Medical Release Form
Year 2021-2022

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**