

# Vernon I.S.D. Choirs Medical Release Form

*Please fill this form out COMPLETELY and as NEATLY as possible!!*

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Student First Name	Middle Name	Last Name
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Mailing Address	City	State	Zip
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Name of Parent/Guardian	Home Phone	Work Phone
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Person to Contact in "CASE OF EMERGENCY" **if different from Parent/Guardian**

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Emergency Telephone/Cell Phone numbers **if different from above**

Please list significant medical information applicable to allergies, nervous disorder, heart trouble, diabetes, epilepsy, prescription drugs, etc.

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**Every effort will be made to contact the parent or guardian of the student prior to any emergency medical treatment.**

## **AUTHORIZATION FOR MEDICAL TREATMENT**

The undersigned parent or guardian of the student named herein agrees that in the event of an emergency illness or accident that a licensed Medical Doctor and/or Emergency Medical Technician shall be authorized to administer medical or surgical treatment deemed necessary for the emergency treatment of the student.

This authorization **DOES**\_\_\_\_\_ or **DOES NOT** \_\_\_\_\_ include my consent to provide my student with blood and/or blood products.

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Parent/Guardian Signature	Date
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**NOTICE: THIS FORM MUST BE ON FILE FOR ANY STUDENT TO PARTICIPATE IN CHOIR.**

***We keep this VERY IMPORTANT page VERY CONFIDENTIAL and SECURE. We keep them that way until we travel out of town for a choir function that your child attends. This Medical Release Form is shredded at the end of each school year to keep the information confidential!!***