



MEDICAL RELEASE FORM

*Student Full Legal Name

*Student Email

*Student date of Birth

*Mailing Address

*What section is student in?

Emergency Contact Information

*Primary Contact Person

*Primary Contact Phone Number

*Primary Contact Cell Phone Number (if different)

*Secondary Contact Person

*Secondary Contact Cell Phone Number (if different)

MEDICAL CONDITIONS

*Date of last Tetanus Booster

*Is your child allowed to take Tylenol, Advil, or Aspirin for headaches and/or minor muscle pain?

MEDICAL RELEASE FORM PG 2

*Any allergies to medications? _____

If yes, please describe and note reactions.

*Any heart conditions and/or disease? _____

If yes, please describe in full detail.

*Current medications – List all medications and dosages.

*Check all that apply.

Asthma Diabetic Epileptic Contacts/Glasses None

I hereby grant the Vista Murrieta Parent Volunteers, Staff, physician, other medical personnel, or any person connected to the school, to determine if emergency care is necessary for my child while participating in band, color guard, or other related activities. I further understand that every reasonable effort will be made to contact the legal guardians or emergency contact listed above before treatment is given.

Parent Signature

Date

X

X
