

# HISD Band and Color Guard Emergency Release Form

Last Name:		First Name:			Middle Name:	
Address:				Birthdate:		
City:	Zip Code:	Student Phone:		Student Cell Phone:		
Parent / Guardian Name:		Home Phone:		Cell Phone:		
Person to Contact in an Emergency:		Home Phone:		Cell Phone:		

## Patient Insurance Information

Policy Holder's Name:	
Insurance Company:	Insurance Address:
Insurance Phone Number:	Policy Number:
Group Number:	Medicaid Number:

**If you have no insurance that covers above student, please sign and date:**

Parent / Guardian Signature	Date
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The Hondo ISD Athletic Trainer / Band Directors and/or Color Guard Sponsor are hereby given my consent to administer the following non-prescription medications:

**Please Circle any Medications that are NOT Allowed:**

Acetaminophen (Tylenol)	Ibuprofen (Advil/Motrin)	Naproxen-Sodium (Aleve)
Hydrogen Peroxide	Aintibiotic Ointment	Betadine (for Disinfection)
Fosfree (muscle cramps)	Medi-Lyte (electrolyte tabs)	

Any known allergies or pre-existing conditions (additional pages may be attached):

Yes	No	Have you ever experienced a seizure? If so, when?	Date
Yes	No	Have you ever had infectious mononucleosis? If so, when?	Date
Yes	No	Have you ever been told that you have a heart murmur?	
Yes	No	Do You Have Asthma?	
Yes	No	Do you use an inhaler? If so, what type?	
Yes	No	Do you wear contacts when competing in sports activities?	
Yes	No	Have you ever had surgery? If so, when?	Date

What kind of surgery?

If in the judgment of any representatives of the School District, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomever on account of such care and treatment of said student.

Parent / Guardian Signature	Date
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