

# 2021-2022 Southwest Iowa Honor Marching Band

Ruben Newell and Jarrod O'Donnell, directors

## MEDICAL RELEASE FORM

### Parental Consent for Medical Treatment

I, the undersigned, being the parent, legal next-of-kin, or legal guardian of \_\_\_\_\_, hereby authorize any necessary medical treatment for this person during the time in which he/she is participating in the SOUTHWEST IOWA HONOR MARCHING BAND. I also guarantee payment of all charges incurred during the course of said medical treatment (physician, hospital, x-ray, lab, medication, ambulance, etc.).

**In regard to such person, I submit the following information:**

- 1. Allergies to food, medications, etc. (If none, state it so):**
- 2. Special medical problems (If none, state it so):**
- 3. Does the participant carry or require medications? (If none, state it so):**

<i>Medication:</i>	<i>Dosage:</i>	<i>Purpose:</i>

- 4. Date of last Tetanus shot:** \_\_\_\_\_
- 5. Family Physician:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_  
**Office Address:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Name (PRINTED):** \_\_\_\_\_

**Relationship to Participant:** \_\_\_\_\_ **Daytime Phone:** \_\_\_\_\_

**Evening Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Residence Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***\*Please photocopy both sides of any relevant health insurance cards and attach to this form.***

Return this form, along with your \$300.00 non-refundable trip deposit to Mr. O'Donnell by August 6, 2021. Trip deposit must be cash, money order, cashier's check, or school/booster check made out to "SWIHMB" or paid online or at camp using "Square Pay."