

# Fraser High School Color Guard

## Student Medical Release Form

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Parent/Guardian to contact in emergency

\_\_\_\_\_  
Address

\_\_\_\_\_  
Emergency Phone

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Adult Work Phone

\_\_\_\_\_  
Home/Cell Phone

\_\_\_\_\_  
Secondary Emergency Contact

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Emergency Phone

\_\_\_\_\_  
Family Physician

\_\_\_\_\_  
Physician Phone

\_\_\_\_\_  
Insurance Company & Policy Holder

\_\_\_\_\_  
Policy Number

**MEDICAL HISTORY** Current conditions such as asthma or diabetes verified by physician, physical limitations, etc.

\_\_\_\_\_  
Please list any other known acute or chronic medical conditions:

\_\_\_\_\_  
Medications:

\_\_\_\_\_  
Allergies/allergic reactions/allergic reactions to medications:

\_\_\_\_\_  
Any major surgeries:

\_\_\_\_\_  
Physical conditions that limit activities:

\_\_\_\_\_  
Special dietary needs:

\_\_\_\_\_  
Last Tetanus shot: Will you allow blood transfusions? YES NO

The following information I hold to be true about the member to the extent of my knowledge as of the date signed. I understand that providing any false information could result in mistreatments of the member in the event that medical attention should be needed on an emergency basis. It is understood that the coaches and medical personnel will make every attempt to contact parents, guardians, or relatives listed above prior to taking any actions.

\_\_\_\_\_  
Parent/Legal Guardian Signature:

\_\_\_\_\_  
Relationship to student:

\_\_\_\_\_  
Date: