MEDICAL RELEASE
Chief Sealth High School - Music Department
(to be used on field trips during the 2009-2010 school year)

Student: _____

Circle group(s): Jazz Band Marching/Concert Band Mariachi
Honor Choir Intermediate Choir String Ensemble

Parent/Guardian Name	**Emergency Contact Name and Relation**
Home phone	Home phone
Work phone	Work phone
Cell phone	Cell phone

Medical Information: please list any health problems, allergies, special diets or medication:

Physician Name	**Health Insurance**
Phone	Phone
	Policy Number

I, _____, the natural parent/legal guardian of the student named above, authorize and consent to medical, surgical, hospital care, treatment and procedures deemed immediately necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. I understand every reasonable effort will be made to contact me to explain the nature of the problem before any involved treatment. I waive my rights of informed consent to such treatment. I also authorize a copy of this consent to be treated with the same authority as the original.

_____ _____

Signature of parent/guardian Date