Madison County Schools Out-of-County/Overnight Activity Medical Release Form

udent:		- •		
Name rent:	Date of Birth	Street Address	City, State	Žip Code
Name nergency Contact:	Home Phone	Work Phone	Cell Phone	
Name ysician:	Relationship	Home Phone	Work Phone	Cell Phone
Name urance Information: ptional}	Street Address	City, State	Zip Code	Phone
Provider	Contract or ID#	Group #	_	
 Does your child have Does your child required life yes, please list all please your child have Does your child have Date of your child's 	re medication while participation allergies? YES NO If yes ire medication to treat a sever cossible triggers related to you a asthma? YES NO Doe diabetes? NO YES (I last Tetanus Booster: ealth history that may assist the	s, please list: re allergic reaction?	NO at school at home or	
release to the Team Phys pertinent to the care of r Signature of Parent/Cust	adison County Schools represe iician, Athletic Trainer or other ny child during his/her particip odian	medical personnel, person eation in a school-sponsored to Treat/Administer Medica	s activity sponsor, coach, ally identifiable and med event or activity. Date ation:	ical information
made by the Madison Co	unty Schools representative se our acceptance of financial re	erving as my child's activity s	ponsor or coach. NOTE:	Your signature on
Signature of Parent/Guar	dian		Date	
Signature of Notary		V	Date	e.
State FEB2013	Count	у	Date Commission Expire	