

Forrest High School
Medical Release Form for Band/Chorus

The patient and whose signatures are attached below do hereby consent to any and all medical and surgical treatments including anesthesia and operations, which may be deemed advisable by his or her physician and or surgeons. The intention hereof being to grant authority to administrator and to perform all and singularly any examinations, treatments, anesthetics, operations, and diagnostic procedures which may now or during the course of the patient's care be deemed advisable or necessary. We also agree that the patient when admitted is to remain in the hospital until his/her physician recommends the patient's discharge. This form will be used only in case of any emergencies and after every reasonable effort is made to contact parents/guardians prior to admitting the patient for necessary treatment.

Consent is also given for release of information for insurance purposes and I submit authorization for responsible third party to pay, directly to the hospital, insurance benefits due to me for services rendered.

Name of Parent /Guardian
(printed)

Student's Name
(printed)

Signature of parent/guardian

Date

Student Required Information

Age: ___ Social Security No. _____

Parent's home phone _____ Parent's work phone _____

Parent's home mailing address _____

Allergies: (Please list) _____

Allergic to any medication? Yes No If yes, list _____

Parent's Medical Insurance Carrier _____

Policy Number _____

STATE OF FLORIDA
County of _____

Subscribe and sworn to (or affirmed) before me this _____ by _____ who is/are
personally known to me or has/have produced _____
As identification.

Notary Public Commission No. _____

Seal

(Name of Notary typed, printed or stamped)