

**GLADEWATER BAND
MEDICAL RELEASE FORM 2024-2025**

This form must be completed and on file before the student is allowed to travel or perform with the GHS Band.
The information provided below will be treated as confidential.

Printed name of the student: _____

I hereby release Gladewater ISD, its employees, its agents and its volunteer sponsors from any and all liability and responsibility in connection with accident or injury to my child while with the band on any official functions or trips. Should a medical problem arise, I grant the school officials and/or volunteer sponsors permission to seek professional medical treatment for my child. This letter will also serve as permission from me to allow my child to participate in all GHS band related activities. This form will be in effect until two weeks after the last day of instruction of the current school year.

Parent or Guardian Signature: _____ Date: _____

Please PRINT all of the following information. Attach more sheets if needed.

Student's date of birth: _____ Home phone: _____

Address: _____ City and ZIP: _____

Mother's name: _____ Mother's cell phone: _____

Mother's employer and work phone: _____

Father's name: _____ Father's cell phone: _____

Father's employer and work phone: _____

Student's cell phone: _____ Other contact name & number: _____

Student's doctor and phone: _____

Insurance Co: _____

Please list any medications, foods, etc. to which your child may be allergic, and any medical conditions of which we need to be aware:

Does your child take any medications? If so, list them here.

Should any of this information change, see Mr. Smith for a new medical form.