

MT. Zion Schools
BAND MEDICAL RELEASE FORM

Please fill out the following information in case of a medical emergency while at camp:

Student Name: _____ Birth Date: _____

Address: _____ Phone: (____) - _____

Health Insurance Company and Policy Number: _____

Doctor's Name: _____ Dr. Phone: _____

Medical Conditions / Allergies:

Yes / No: If Yes, explain:

Please list any medications that would need to be taken during camp hours:

Date of last tetanus shot: _____

Emergency Contacts:

Name:

Address:

Phone:

Name:

Address:

Phone:

In case of emergency, I authorize Mt Zion High School to secure medical treatment for my son/daughter.

Parent/Guardian Signature

Date