

Ross S. Sterling Choir
Student Information/Medical Release
2018-19

Student name: _____

Family Representative: _____ Daytime phone: _____

Family Home Phone: _____
Email: _____

Need a translator? Please indicate language: _____

Student health information

Health problems to be aware of: _____

Allergies: _____

Medications (prescription): _____

Medications (OTC): _____

In Case of Emergency (Alternate contact to parent/guardian)

Name: _____ Phone: _____

Name: _____ Phone: _____

Physician: _____ Phone: _____

I verify that all information on this document is true and accurate to the best of my abilities. Authorization is hereby given for administration of any medical treatment deemed necessary during any orchestra event. Such treatment will only be administered by a medical professional. We agree to accept responsibility for all doctor, hospital, and medical expenses incurred during Orchestra activities.

Student Signature: _____

Parent Signature: _____