

**Ross S. Sterling Choir**  
**Student Information/Medical Release**  
**2020-2021**

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: \_\_\_\_\_