

Emergency Medical Release Authorization

University of Rio Grande Band Camp

The purpose of this form is to make it possible to obtain emergency medical treatment for any student in the event that it may become necessary while at band camp.

Name of Student

Date of Birth

Soc. Sec. No.

Parent/Legal Guardian

Address

Phone

I certify that the above medical information is true to the best of my knowledge and I give consent for the administration of medicines and treatment procedures as recommended by the medical personnel of the University of Rio Grande. Consent is also granted to a licensed physician, surgeon, or dentist for necessary treatment when indicated.

Please provide the following information:

Allergies _____

Medications being taken _____

Date of last tetanus immunization _____

Physical impairments (heart, epilepsy, etc.) or chronic illness _____

Previous Surgery _____

Previous hospitalization _____

Other pertinent information to which a physician should be alerted _____

Family Physician _____ Phone _____

Employer of person carrying insurance _____

Insured (father, mother, etc) _____ Phone _____

Medical Insurance Company _____ Policy # _____

Name, phone and relation to student of alternate contact in case parents cannot be reached at home or work _____

Date

Signature of Parents or Guardian