Marching Inst:Concert Inst:	Daytime Phone	Daytime Phone
_ DOB:		
_ Age:		
lent:	ent/Guardian: Mother's Name	Father's Name

Father's Name____Home Phone____ Parent/Guardian: Mother's Name_

Medical History Permission and Release Form

Name	Age
Address	Zip
In case of an emergency, notify:	Phone
Family Physician:	Phone
Family Insurance Co	Policy #
Insurance Co. Address	
IMMUNIZATIONS:TetanusPolio Bo	oosterMeaslesMumps
Other:	
PAST MEDICAL	HISTORY
Asthma Sinusitis Bronchitis Kidr Dizziness Stomach Upset Hay Feve	
Penicillin or other drug (name)	Insect bites/stings
Previous operations or serious illnesses	
Any current medications	
Special Diet (name)	
Childhood Diseases: Chicken Pox Measles _ Any medical needs which your child has, of which	
PERMISSION FOR 1	<u> </u>
My permission is granted for school supervisors to obtaickness or injury of my student. I release and waive, and further agree to indemnify, he School District, the Board of Education, its successors employees, and representative thereof, as well as trip which I, any other parent or guardian, any sibling, the corporation may have or claim to have, known or unkredamages or injuries arising out of, during or in connector the rendering of emergency medical procedures or DATED	old harmless or reimburse the Cobb County is and assigns, its members, agents, a supervisors, from and against, any claim student, or any other person, firm or nown, directly or indirectly, from any losses, ction with the student's participation in the trip
	NOTARY
Signature of Parent/Guardian	5/12/04