## Madison County Schools Out-of-County/Overnight Activity Medical Release Form

<u>udent</u> :		- •		
Name rent:	Date of Birth	Street Address	City, State	Žip Code
Name pergency Contact:	Home Phone	Work Phone	Cell Phone	
Name ysician:	Relationship	Home Phone	Work Phone	Cell Phone
Name urance Information: ntional}	Street Address	City, State	Zip Code	Phone
Provider	Contract or ID#	Group #	_	
<ol> <li>Does your child have</li> <li>Does your child required life yes, please list all places.</li> <li>Does your child have</li> <li>Does your child have</li> <li>Date of your child's</li> </ol>	re medication while participation allergies? YES NO If yes ire medication to treat a sever cossible triggers related to you a asthma? YES NO Doe diabetes? NO YES (I ast Tetanus Booster: ealth history that may assist the	s, please list: re allergic reaction?	NO at school at home or	
release to the Team Phys pertinent to the care of r Signature of Parent/Cust	adison County Schools represe iician, Athletic Trainer or other ny child during his/her particip odian Authorization	medical personnel, person eation in a school-sponsored to Treat/Administer Medica	s activity sponsor, coach, ally identifiable and med event or activity.  Date ation:	ical information
made by the Madison Co	al or surgical treatment of my unty Schools representative se our acceptance of financial re	erving as my child's activity s	ponsor or coach. NOTE:	Your signature on
Signature of Parent/Guar	dian		Date	
Signature of Notary	27 79	V 75.7.30 W	Date	e.
State FEB2013	County	у	Date Commission Expire	 es