



**MEDICAL RELEASE FORM
2020-21**

Printed Student's Name _____

Emergency Contact Name(s) _____

Emergency Contact Number(s) _____

Family Physician _____

Medical Information:

Any known allergies? _____

Any physical problems? _____

Taking any medication? _____

Wear contacts? _____

Student health insurance policy number: _____

Student group insurance policy number: _____

Student insurance company's name: _____

Student insurance company's address: _____

I give my permission for my child to participate in any planned activity. I do hereby appoint the choral directors or sponsors to execute for me in my name in case of any emergencies that might arise for my son/daughter for choir events and functions. I release Abilene Independent School District, Abilene High School, and any adult sponsor from all responsibilities due to an accident or illness.

Parent/Guardian Signature

Date