



Edmond North High School Band Volunteer Medical Release

Re: Health Record
Emergency Medical Care Release
Health Insurance Information

Health Record

Volunteer's Name: _____ Birthdate: _____

Address: _____ City/Zip: _____

Spouse/Family Member Name: _____ Home Phone: _____

Alternate phone numbers: _____

In an Emergency, If Spouse/Family Member Cannot be Reached Notify: _____

Phone Numbers: _____ Relationship _____

Family Doctor: _____ Doctor's Phone Number: _____

Known Allergies: _____

List Prescription Medications, including dosage, currently taking:

Used for: _____ Side Effects: _____

Health Insurance Information (Please note "None" if you do not have health insurance)

Insured's Name _____ Insurance Company _____

Insurance Company Address _____

Insurance Company Phone Number _____ Policy/Plan/Group Number _____

The undersigned _____ agrees to act as a volunteer on school activity excursions approved by the Music Department during the current school year; and, as a prerequisite consideration, agree: that neither the school district nor any of its employees are liable for any injury of the volunteer from such activity, including use of school or chartered bus or private conveyance; and to hold the school district and all of its employees harmless on any claim for damages made by or for growing out of those approved activities, including all expense of defending same.

Volunteer Signature _____

Date _____

Emergency Medical Care Release

I, the undersigned volunteer, _____, do hereby give and grant unto any medical doctor or hospital, my consent and authorization to render such aid, treatment, or care to myself as, in the judgment of said doctor or hospital may be required on an emergency basis, in the event said volunteer should be injured or stricken ill while participating as a volunteer in any Band event or excursion activity if unable to reach a spouse or family member.

Volunteer Signature _____

Date _____

Witness Signature _____

Date _____