

**MEDICAL INFORMATION RELEASE FORM FOR CO-CURRICULAR ACTIVITY**

**RANCHO BERNARDO HIGH SCHOOL ROYAL REGIMENT**

This form **MUST** be completed and signed by the student's parent/guardian. This form gives parental consent for any staff/chaperone approved by the school principal to secure emergency services (medical, dental, paramedic, ambulance) for the student at parent/guardian expense. Efforts will be made to contact the parent/guardian prior to treatment or hospitalization.

**PLEASE FILL OUT COMPLETELY, SIGN AND RETURN**

STUDENT NAME		GRADE	BIRTHDATE	FEMALE <input type="checkbox"/>
				MALE <input type="checkbox"/>
PARENT/GUARDIAN NAME				
MAILING ADDRESS		CITY	ZIP CODE	
HOME PHONE		WORK OR DAYTIME PHONE	CELL PHONE	
EMERGENCY CONTACTS (INCLUDE RELATIONSHIP TO STUDENT)				
FIRST PERSON TO CONTACT		RELATIONSHIP TO STUDENT	PHONE	
SECOND PERSON TO CONTACT		RELATIONSHIP TO STUDENT	PHONE	

**HEALTH INFORMATION**

Information helpful to a physician in case of emergency and information school staff/chaperones need to be aware of for the student's safety. Updated information shall be provided by the parent/guardian.

**MEDICAL PROBLEMS (i.e. DIABETES, ASTHMA, SEIZURES):**

Usual Symptoms: \_\_\_\_\_  
\_\_\_\_\_

Care or Medication Needed: \_\_\_\_\_  
\_\_\_\_\_

**Allergies (i.e. FOOD, BEE STINGS, MEDICATION):**

Usual Symptoms: \_\_\_\_\_  
\_\_\_\_\_

Care or Medication Needed: \_\_\_\_\_

**Currently Under Medical Care? (Explain)** \_\_\_\_\_  
\_\_\_\_\_

**Other Factors That May Affect the Care of Your Student? (Be Specific)** \_\_\_\_\_  
\_\_\_\_\_

**MEDICATION:** If Prescription Or Non-Prescription Medication Is Necessary A Parent And Physician Authorization Must Be Completed. See "Authorization For Medication Administration" On Reverse Side

**I UNDERSTAND THAT BY SIGNING THIS FORM;**

1. I give permission for my son/daughter to participate in all RBHS Royal Regiment /Music Program activities and tournaments
2. I give permission for staff/chaperones to provide first aid care and secure emergency care at my expense if needed.
3. I release the Poway Unified School District, its officers, employees, agents or Rancho Bernardo High School and its chaperones from any liability, loss, expense or claim for illness, injury, or damages that may arise from participation in the RBHS Royal Regiment/Music Program or any associated activity. Further, I understand that the District does not provide accident/medical insurance for students and that I am expected to provide such insurance coverage

Signature of Parent/Guardian

Date

Insurance Company

Policy Number

