

# Medical Release Form

Tucker Middle School Band Spring Trip to New Orleans, LA  
Wednesday, April 1<sup>st</sup>, 2020 thru Sunday, April 5<sup>th</sup>, 2020

Student's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Medical Information: Please include any information that will help us in making your child as comfortable as possible (use the back if needed).

\_\_\_\_\_  
\_\_\_\_\_

Prescription Medication: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Non-prescription Medication (this includes any type of pain reliever, allergy medication, inhalers, etc..)

\_\_\_\_\_  
\_\_\_\_\_

Any medication that your child needs **MUST** be in the original bottle. Please do **NOT** combine medications into one bottle.

Please sign and return the entire form to Ms. Kang. Your child will **NOT** be allowed on the bus without a completed Medical Release Form.

I, the parent/guardian of the above named student do release Tucker Middle School and any representatives of DeKalb County Schools of any liability in case of injury of my child. I understand that efforts will be made to reach me by phone before any procedures occur concerning the health and welfare of my child.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date