

**Medical Release Form**

In the event that my daughter/son should get injured or become ill during a drill team activity, the following signature will release the sponsor and school from any liability. A school official has my permission to seek medical attention and to act with her/his best judgment should the situation arise.

Student Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_

Telephone #'s \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact-Name \_\_\_\_\_ # \_\_\_\_\_

Name of Local Physician \_\_\_\_\_

***If your child suffers from headaches, etc., please give the sponsors Tylenol, Ibuprofen, etc and the dosage that we are allowed to give to your student. We are not allowed to give them medication unless given to us prior to the event.***