

**JACKSON LIBERTY BAND
VOLUNTEER MEDICAL RELEASE FORM**

Current Year:

2011-2012

Name of Volunteer:

Date of Birth:

Last Name

First

MM/DD/YYYY

I/We give permission for the school to secure emergency medical treatment (to include drug/alcohol testing) on my/our behalf if necessary.

Volunteer:

Signature

Signature

Address

Address

Daytime Phone Number(s)

Daytime Phone Number(s)

Evening Phone Number(s) (Cell Phone)

Evening Phone Number(s) (cell number)

Hospitalization Coverage:

Insurance Provider

Policy/I.D. or Contract Number

Allergies: _____

Allergies to Medication: _____

Allergies to FOOD: _____

Tetanus Information: _____

Other Medical problems that may affect care:

