

**CLAYTON HIGH SCHOOL
STANDARD MEDICAL RELEASE FORM**

Date _____

I, _____, being the legal parent or guardian of

_____, a member of the Clayton High School Band,
hereby give permission for him/her to travel from Clayton High School to all Band Competitions and to sites
as necessary for performances and practices.

This standard release form gives teachers and authorized chaperones permission to seek medical/dental
services as required. I authorize medical staff to render such medical and dental care as may be necessary
and medically indicated in the case of my son/daughter/ward during this period, as is deemed necessary by a
qualified practitioner.

My son/daughter/ward has the following allergies:

He/She requires the following medication for treatment of:

Medications:

Student's Physician:

Name:

Address:

Telephone: ()

Medical Insurance Company:

Name:

Street:

City, State, Zip Code:

Policy/ID Number

Group Number:

Telephone Confirmation Number: () _____

Dental Insurance Company:

Name: _____

Street: _____

City, State, Zip Code: _____

Policy/ID Number _____

Group Number: _____

Telephone Confirmation Number: () _____

****The Information provided may be required to obtain non-emergency care.

Signature of Parent or Guardian: _____

Street Address _____

City _____ State _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Other Emergency Contact: _____

STATE OF NORTH CAROLINA

COUNTY OF _____

On this _____ day of _____, 20____ before me personally appeared

_____ (printed or typed name) to
me to

be the person whose name is subscribed to the above instrument and who acknowledged to me that executed
the same as his/her free act and deed.

IN WITNESS WHEREOF, I hereunto set my hand affixed by official seal this _____ day of
_____, 20_____.

(SEAL)

Notary Signature _____
My Commission Expires _____