



## Medical Release Form – 2023-2024

This form provides student information to medical personnel in the event of injury or illness during an orchestra activity and authorizes orchestra personnel to obtain emergency medical care.

**All orchestra students must complete/update and return this form each year in orchestra.**

Student Name: \_\_\_\_\_ Sex: \_\_\_\_ Age: \_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First M

Current Address: \_\_\_\_\_  
Street City State  
ZIP

Parent/Guardian #1: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ Cell #: \_\_\_\_\_

**IN CASE OF ACCIDENT/ILLNESS/EMERGENCY NOTIFY:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Day Phone#: \_\_\_\_\_  
\_\_\_\_\_

Evening Phone#: \_\_\_\_\_  
\_\_\_\_\_

**IF PARENT/GUARDIAN CANNOT BE REACHED IN CASE OF EMERGENCY NOTIFY:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone#: \_\_\_\_\_

Evening Phone#: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Medical History of Student: (Please Check Yes or No)					
	Yes	No		Yes	No
Diabetes			Dizziness		
Drug Allergies*			Convulsions		
Asthma			High Blood Pressure		
Epilepsy			Heart Disease		
Fainting Spells			Stomach Disorder		
Kidney Disease			Hay Fever		
Liver Disease			Specific Allergies*		

\*If Specific Allergies, Please List:

\_\_\_\_\_

\*If Drug Allergies, Please List:

\_\_\_\_\_

Surgery/ies within the Past Year:

\_\_\_\_\_

Serious Medical Problem(s) not Previously Indicated: \_\_\_\_\_

List ANY Prescription or Non-Prescription Medications the Student Might Have a Need to Use on a Trip (Anti-Convulsions, Anti-Histamine, Insulin, Tranquilizer, etc.): \_\_\_\_\_

\_\_\_\_\_

**Health Insurance Policy Information:**

*If you have no health insurance, info can be provided through the school office re: student health insurance.*

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

**Address:** \_\_\_\_\_

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

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

**Telephone Number:** \_\_\_\_\_

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**The Following MUST be Completed in the Presence of a Notary of the State for Student to Perform ANY ACTIVITY off campus with the Orchestra. Do not fill out unless in the presence of a Notary. IF YOU NEED A NOTARY, PLEASE EMAIL Angie.Duenas@indianriverschools.org**

I, the undersigned parent or legal guardian of \_\_\_\_\_, grant full permission to any physician, healthcare professional, or hospital to take any action deemed necessary in case of an accident or illness. I give permission for any adult accompanying the orchestra in any activity to seek medical care for my child/ward in the sole discretion of said adult or adult leaders/volunteers. In the event it is necessary for any adult leader or volunteer to seek medical attention for my child, I agree to be fully responsible for the cost of any such medical attention or care, and agree to indemnify and hold harmless all adults and release each of them for any loss, liability, damage, cost, or expense regarding any such medical care or treatment so obtained for or on behalf of my child/ward.

I, the undersigned parent or legal guardian, further agree to hold harmless releases, GMS (Gifford Middle School Orchestra), SDIRC (School District of Indian River County), their employees, agents, or representatives for and from accident, injuries, or other medical conditions that may occur because of my child's participation in the orchestra program or orchestra related activities and events. The undersigned does hereby further release, waive, and discharge GMS (Gifford Middle School Orchestra), SDIRC (School District of Indian River County), their employees, agents, and representatives – including but not limited to orchestra parents and/or volunteers – and any other persons or entities connected or affiliated in any way, shape, or form with Gifford Middle School, Gifford Middle School Orchestra Program, or the School District of Indian River County from any and all liability, loss, damage, or any claim on account of injuries including death to my child/ward or said child's ward's property whether caused by the negligence of my child/ward, any release or otherwise, and I expressly release all releases from any and all acts of their own negligence or fault, whether said negligence or fault be in their individual capacity, a representative capacity, or in connection with any negligence or fault of others.

I understand and agree that a court of law may find that I have waived my right and my child's/ward's right to take legal action against any of the above releases by signing this document.

I, the undersigned parent or legal guardian further agree to indemnify and hold harmless releases and each of them for any loss, liability, damage, or cost, including reasonable attorney's fees, that releases may incur if any legal action is taken by or against my child/ward or me as a result of my child's participation in orchestra related activities at or on behalf of Gifford Middle School; agree that this release is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this release is held invalid, it is agreed that the balance of this release shall, notwithstanding, continue in full force and legal effect.

This document shall remain in effect and be binding unless or until revoked in writing.

**TO BE COMPLETED IN THE PRESENCE OF A PUBLIC NOTARY – DO NOT FILL OUT UNLESS IN PRESENCE OF ONE.**

*In witness of my consent and agreement to the matters above, I have subscribed my signature:*

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

*State of Florida*

*County of Indian River*

*The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_\_ by*

\_\_\_\_\_, *who is personally*  
*(date)* *(name of person of person acknowledging)*  
*known to me or who has produced \_\_\_\_\_ as identification.*  
*(type of identification)*

***Notary Signature:*** \_\_\_\_\_

***Notary Seal:***

***Notary Name:*** \_\_\_\_\_

***My Commission Expires:*** \_\_\_\_\_