



**CE BANDS @ 35 Years! -Tradition, Hard Work, & Excellence**

**MEDICAL RELEASE & PERMISSION/T-SHIRT/SHOE  
FORM**

I/We give permission for my/our student \_\_\_\_\_ to participate in CE BANDS 2024/2025. I/We realize that my/our student may sustain injuries that may require medical attention. Therefore, I/we authorize the Band Director to secure any necessary medical treatment for my/our student. I/We do not hold the Band Director, Murphysboro District #186, or any of its representatives responsible for any medical treatment rendered because of injuries sustained.

**MEDICAL INFORMATION**

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

Date of Birth \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Home Telephone Number \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

Family Physician \_\_\_\_\_ Telephone Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone Number \_\_\_\_\_

Relationship to Student \_\_\_\_\_

**\*T-shirt Size (Please circle one):** S M L XL 2XL 3XL

**\*Shoe Size:** \_\_\_\_\_

- On the lines below, please list any and all medications the student is presently taking OR is allergic to that might be pertinent if he/she may need medical treatment. Please be detailed and specific. **Use the reverse side if necessary.**
- On the lines below, please list any specific food allergies that could cause medical issues for your student or any special dietary needs. **Use the reverse side if necessary.**

\_\_\_\_\_  
**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_