

Brantley High School Band Medical Information and Talent Release Form

Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Phone Number: _____

Emergency Contact: _____ Relationship: _____

Phone Number: _____

****Please list any medical conditions that the director should know about and/or conditions that could prohibit the student from performing at their full ability. Provide details if needed:**

Health Insurance Company: _____ (If none, write "N/A")

Policy Number: _____

Primary Hospital: _____

Primary Physician: _____

I, _____, give permission for any Crenshaw County School Board employee to transport my child to a emergency care facility if needed. By signing this agreement, I absolve Crenshaw County School Board and its employees of any liability.

Signature: _____

Date: _____

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Brantley High School Band

Medical Information and Talent Release Form

Talent Release

I, _____, give permission for my child's image and skills to be used for any production the band may need. This includes, but is not limited to, videos and recordings.

Signature: _____

Date: _____