

**ADULT**

George Washington High School Band  
Adult Emergency Medical Release Form

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

Age: \_\_\_\_\_

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

Telephone #: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Insurance Information:**

Policy Holder Name: \_\_\_\_\_

Policy Number or Policy holder SS#: \_\_\_\_\_

List any allergies or special medical  
problems: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

Any medications presently being  
used: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I give my permission for emergency medical treatment to be given to me as  
deemed necessary by school officials or designated representatives. I will be responsible  
for any expenses incurred in providing medical care.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

City/County of \_\_\_\_\_

Commonwealth/State of \_\_\_\_\_

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

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

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