

**NHS MUSIC DEPARTMENT ACTIVITY HEALTH RELEASE FORM**

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

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

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Dad/Mom/Guardian Work Name and Address \_\_\_\_\_  
(circle one)

Dad/Mom/Guardian Work Name and Address \_\_\_\_\_  
(circle one)

Dad/Mom/Guardian Work Phone \_\_\_\_\_ Time to Call \_\_\_\_\_  
(circle one)

Dad/Mom/Guardian Work Phone \_\_\_\_\_ Time to Call \_\_\_\_\_  
(circle one)

Dad/Mom/Guardian Cell Phone \_\_\_\_\_ Time to Call \_\_\_\_\_  
(circle one)

Dad/Mom/Guardian Cell Phone \_\_\_\_\_ Time to Call \_\_\_\_\_  
(circle one)

Family Health Insurance  
Policy Name and Number \_\_\_\_\_

Please provide the name of a person to notify in case of emergency when parent/guardian cannot be reached.

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone(s) \_\_\_\_\_

Prescription drugs this student will be carrying with him/her:

Any health condition the chaperones should be aware of:  
(attach private information in an envelope)

By signing this form, I/We give permission for our student to travel with the NHS Music Department on NHS School sponsored festivals/contests or field trips. We give permission to the trip chaperones to administer to the health needs of said student, including hospitalization if necessary. We understand that the chaperones will call us immediately to discuss any serious health situations. This form is only for one-day activities. Overnight or extended travel activities will have additional forms.

Parent/Guardian E-mail (write legibly) \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_