



Swartz Creek Music Department Emergency Release Form

Student's Name: _____ Age: _____ Grade: _____

Student's Cell Phone: (____) _____

Parent's Name(s): _____

Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Emergency Contact Person: _____ Phone: (____) _____

Family Physician: _____ Phone: (____) _____

Health Insurance Provider: _____

Policy Number: _____

List illnesses or injuries requiring medical attention in the past 12 months _____

List medications currently taken:

Medication Dosage Administration Time(s)

List student allergies (food, insect, medication)

Parent /Guardian Signature: _____ Date: _____

Permission for Medical Treatment

In the event I cannot be reached, I grant permission to the Swartz Creek School System to provide emergency treatment for _____ (son/daughter)

And follow-up care by a physician or health care provider.

Parent/Guardian: _____

Signature: _____ Date: _____

Disciplinary Release

I understand that in the event that my son/daughter does not comply by the rules set forth by Swartz Creek High school, I will be responsible to provide transportation home and will not be given a refund of any kind.

Major violations include but are not limited to:

1. Possessing illegal drug, cigarettes or alcohol
2. Conducting oneself in an inappropriate manner
3. Causing harm to another person
4. Causing damage to property

_____/_____
Parent Signature Date

_____/_____
Student Signature Date