

**PIEDMONT HIGH SCHOOL
THE PRIDE OF PIEDMONT
Emergency Release Form
2018 Marching Season**

STUDENT NAME: _____

Mother/Guardian Name: _____

Father/Guardian Name: _____

Contact Phone Numbers:

Home Phone - _____

Mom's work - _____ Dad's work - _____

Mom's Cell - _____ Dad's Cell - _____

Emergency Contact:

Name: _____ Relationship: _____

Home Phone: _____ Work/Cell: _____

Doctor's Name: _____ Phone: _____

Medical Alerts (allergies, medicines, medical concerns, etc...)

I (parent/guardian) give my permission to the Band Directors of Piedmont High School to act as a guardian in the event of an accident involving my child until I am able to be contacted. Also, in the event of an emergency, he/she has my permission of consent to the attending physician/emergency response team to administer any medications or perform any treatments that he/she deems necessary for the proper care and well-being of my child until I am able to be contacted.

Parent/Guardian Signature

DATE