

McNeese State University Bands
Medical Release Form
Academic Year: _____ - _____

Please turn in completed form at
Round-Up registration.

Name: (Last, First Middle)

MSU ID

In the event that I cannot act on my own behalf, I hereby accept the emergency services of the physician available and authorize the band director(s) to act in my behalf, to sign such papers as may be required, and/or to obtain immediate medical attention necessary for my welfare and safety. The attending physician, band staff, McNeese State University and it's officers, regents, and employees shall not be responsible in any way for any consequences from diagnostic, medical and/or surgical treatment and are hereby released from any and all claims and causes of action that may arise, grow out of, or be incident to the said treatment or surgery insofar as the law allows, provided that these services are performed with ordinary care and to the best of their ability.

Home Address

Emergency Contacts:

Mother: _____

Father: _____

Other: _____

Allergies: _____

Current Medication: _____

Pertinent Medical History or Notes: _____

Physician: (Name, Phone, City): _____

Insurance: (Company and Number): _____

Signature

Date