



**HATTIESBURG HIGH SCHOOL "TIGER" BAND**



301 Hutchinson Ave.  
Hattiesburg, MS 39401  
601.582.0147 or 601.299.1720 (cell)  
kenneth.lantz@hpsd.k12.ms.us  
www.hattiesburgtigerband.com

**July 2009 – May 2010  
MEDICAL RELEASE FORM AND EMERGENCY CONTACT**

Name of child \_\_\_\_\_

Phone number of blood relative ( ) \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phone number of blood relative ( ) \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name/Phone of home physician ( ) \_\_\_\_\_

Insurance carrier \_\_\_\_\_

Policy name & number \_\_\_\_\_

\_\_\_\_\_

Important medical information (allergies, alerts, current medication, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In the event of a medical emergency and if I cannot be contacted, I hereby give permission for my child to receive appropriate medical treatment. I also hereby release school officials, chaperones, resort personnel, and festival officials from any liability for any actions taken in the course of their duties.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date