

WOODLAND HIGH SCHOOL BAND PERSONAL INFORMATION/MEDICAL RELEASE FORM

Parents,

Please select one of the following options regarding your child's medical release form:

_____ I do not need to make any changes to my child's fall medical form. **All information is correct** and is up to date.

_____ I have reviewed the information on the medical form and have **noted changes** to the form in the space below (you may attach copies of new insurance cards if needed).

PLEASE NOTE CHANGES TO CURRENT MEDICAL FORM HERE:

I, _____ have confirmed or corrected the medical form for my child, _____. All medical information is now up to date and is accurate.

Parent Signature _____

Date _____