

*MEDICAL INFORMATION*

**Student's name** \_\_\_\_\_ **Birth date** \_\_\_\_\_

**Does your child have any medical condition or have any medical history that we should know of? Yes\_\_\_ No\_\_\_**

**If so, please specify:** \_\_\_\_\_

\_\_\_\_\_

**Does your child have/take any medication (prescription or over the counter) that we should know of? Yes\_\_\_ No\_\_\_**

**If so, please specify:** \_\_\_\_\_

\_\_\_\_\_

**Do you have any religious objections to certain types of medical assistance? Yes\_\_\_ No\_\_\_**

**Specify** \_\_\_\_\_

**Does your child have food/medication allergies? Yes\_\_\_ No\_\_\_**

**Specify** \_\_\_\_\_

\_\_\_\_\_

**Does your child have medical insurance? Yes\_\_\_ No\_\_\_**

**If so:**

Insurance co. \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance co. address: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ office # \_\_\_\_\_

**Please Include Copy of BOTH SIDES OF Medical Insurance Card!**

**Does Your Child Suffer From Asthma? Yes \_\_\_\_\_ No \_\_\_\_\_**

Emergency Contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

In the event of a medical emergency, I authorize the school sponsor to make the necessary decisions for the safety of my child's health.

Father's signature \_\_\_\_\_

Mother's signature \_\_\_\_\_

Guardian's signature \_\_\_\_\_

Date \_\_\_\_\_

**Please check all that apply.**

Allergies (Please List) \_\_\_\_\_

Migraine (Please List Treatment) \_\_\_\_\_

Epilepsy (Please List Treatment) \_\_\_\_\_

Back Injury (Please List Treatment) \_\_\_\_\_

Other (Please Specify) \_\_\_\_\_

(Please List Treatment) \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Are there ANY medical conditions, which could affect Band/Colorguard participation?

\_\_\_\_\_

If yes, please describe \_\_\_\_\_

All medications must be registered on this form. Please list any and all medications used by the student \_\_\_\_\_

\_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_

Policy \_\_\_\_\_ Telephone \_\_\_\_\_

**WE DO NOT HAVE MEDICAL INSURANCE.**

**Please Include Copy of Insurance Card!**



I have read and understand all of the above requirements. I further understand and agree that the above information will become part of a student file. I certify that the above information is correct, and I agree to notify the Band Office immediately should any changes to this information occur.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone