

FOLEY HIGH SCHOOL BAND

MEDICAL INFORMATION AND CONSENT FORM

Updated 2015



Section In Band _____ Date _____

STUDENT NAME _____ HOME PHONE _____

ADDRESS _____ CITY _____ ZIP _____

PARENT/GUARDIAN _____

EMPLOYER _____ WORK PHONE _____

CELL PHONE _____ E Mail _____

In case of an emergency – Please list a name and phone number of a person to notify if you cannot be reached.

NAME _____ PHONE # _____

MEDICAL INFORMATION

PHYSICIAN _____ PHONE # _____

HEALTH INSURANCE CO. _____

POLICY # _____

Is the student subject to any of the following or have any other significant health problems of which the director or chaperones should be aware? Circle reply:

Asthma-Diabetes-Seizure Disorders-Heart Disease-High Blood Pressure-Bleeding Disorders Others _____

Is the student allergic to any medications, foods, or insect toxins? Yes No

If so, please list the specific medication, foods, insects, etc _____

Please list all medications this student takes on a regular basis. _____

Is this student subject to motion sickness during travel? Yes No

Since a medical emergency could arise while your child is with the band, please fill out and sign the statement below.

To whom it may concern: In the event of an emergency, I hereby give permission for the medical treatment of my child,

(band member's PRINTED name)

Parent/Guardian signature _____

Parent Printed Name _____ Date _____

Parent Cell Phone Number _____ Alternate Cell Phone Number _____