



HERITAGE HIGH SCHOOL BAND MEDICAL FORM & PARENTAL CONSENT



Student's Name _____ Birthdate _____ Age _____

Address _____ Telephone _____

Mother's Place of business: _____ Telephone: _____

Father's Place of business: _____ Telephone: _____

Other emergency contact: _____ Telephone: _____

Student's personal physician: _____ Telephone: _____

Hospital preference: _____ Telephone: _____



******* PLEASE ATTACH A COPY OF YOUR INSURANCE CARD *******

Student Social Security Number (Required @ Hospitals) _____



Check any ALLERGIES and specify nature of REACTION:

- | | |
|--|---|
| <input type="checkbox"/> Pollen / Hayfever | <input type="checkbox"/> Medication (_____) |
| <input type="checkbox"/> Bee Stings | <input type="checkbox"/> Food Allergies (_____) |
| <input type="checkbox"/> Insects (_____) | <input type="checkbox"/> Other (_____) |

Nature of REACTION to any of above: _____

ANY Medication student is currently taking: _____

The medication currently being administered is for the treatment of: _____

MEDICAL HISTORY of which a physician might need to be aware (include surgery within the last year, serious injury, and any chronic or recurring condition)

Additional information of which we need to be aware : (any restriction to physical activities, including swimming).

My student has my permission to participate in Heritage Band activities for the current school year. I release, and hold harmless, the school, sponsors, and chaperones of all liability in connection with activities. I understand that school system rules are in effect for any school sponsored event and any infraction of these rules will be handled by the administration.

I DO / DO NOT (circle one) authorize a representative of the Heritage High School Band to secure medical treatment for _____ (student's name) as may become necessary.

I will keep this information updated and current, notifying the director of any changes.

Parent/ Guardian _____ Date _____

Notary Public Signature, #, and Seal _____