MEDICAL and PERMISSION FORM

Although some of the requested information will also be entered on Charms, it is important that this page is filled out in its entirety. This page serves as a permission slip for normal band activities and gives consent for medical treatment should the need arise. By having the information below we will be better able to seek treatment, if needed, in a timely fashion. The information on this form will remain confidential.

Student Name_____ DOB_____ Grade_____

Parent Name(s)_____

Mailing Address_____

Parent Phone(s) H_____ Cell_____

MW_____ FW_____

Emergency Contact_____ Phone_____

I give my permission for the above-named student to participate in all band activities for his/her band including field trips. I give my permission for my child to receive medical treatment for any illness or injury in my absence.

_____ _____

Parent or Guardian Signature Date

Insurance Company_____

Insurance Policy Number_____

Student's Allergies_____

Student's Medication(s)_____

Last tetanus shot (Date)_____

Known Medical Conditions_____

Known Allergies_____

Name of Physician_____ Phone_____