

**Medical/Insurance Form**

Student's Full Name \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Father's Name \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

Policy Number \_\_\_\_\_ Phone Number \_\_\_\_\_

**Emergency Contacts (other than parents)**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Is the student currently taking any prescription medication? \_\_\_\_\_

If yes, please provide the name of the medication and the reason for taking it. \_\_\_\_\_

\_\_\_\_\_

Are there any health conditions the band directors need to be aware of? \_\_\_\_\_

If yes, please describe. All information will remain confidential. \_\_\_\_\_

\_\_\_\_\_

In the event of sickness or accident, the sponsors or school personnel are granted permission to seek any and all medical attention for the above named child. Also, I grant permission to give any and/or all medical care and treatment of the child by any medical facility and/or physician that are licensed to provide this care and who are approved by the sponsor and/or school personnel. These permissions are granted in the absence of the legal guardian/parent of the minor child.

Parent/Guardian Signature \_\_\_\_\_