

MEDICAL INFORMATION AND RELEASE FORM

Parkland High School Band

PLEASE RETURN THIS FORM BY AUGUST 24, 2009

Student's Name _____
last first middle

Sex ___ Date of Birth ___/___/___
month day year

Name of Parent/Guardian _____

Home Phone Number _____

Home Address _____

Business Phones _____ / _____
father mother

Emergency Contact _____
Name Address Phone

Does student have school insurance? Yes ___ No ___
 Type _____

Parent/Guardian Insurance Company: _____
 Name _____
 Policy Number _____
 Military Dependent? Yes ___ No ___
 Military I.D. Number _____

Indicate any problems you now have or have had with the following: (Use back of this form for explanations.)

- | | | |
|---|--|--|
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Heart Palpitations |
| <input type="checkbox"/> Dizziness, Fainting | <input type="checkbox"/> Kidney, Urinary | <input type="checkbox"/> Frequent Colds |
| <input type="checkbox"/> Ear, Eye, Nose, Throat | <input type="checkbox"/> Asthma, Bronchitis | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Stomach Trouble | <input type="checkbox"/> Jaundice, Hepatitis | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Bee Sting Allergy | <input type="checkbox"/> Food Allergies* | <input type="checkbox"/> Medication Allergies* |

*Specify allergies
 If you are currently taking any medication, please indicate here: _____

Family Physician _____
 Phone _____
 Preference of Hospital (in case of emergency) _____

NOTICE: By law, a parent cannot consent in advance to any and all manners of emergency care. It is understandable that in cases other than the need for immediate emergency treatment, the attending physician may defer treatment pending the parent's express permission to administer specific professional services.

IN AN EMERGENCY, THE SCHOOL HAS MY PERMISSION TO CALL MY FAMILY PHYSICIAN, OR ANOTHER PHYSICIAN IF MY FAMILY PHYSICIAN OR I CANNOT BE CONTACTED.

Signature of Parent/Guardian _____ Date _____

ALL INFORMATION PROVIDED WILL BE TREATED AS CONFIDENTIAL