

**Hickory High School Band
MEDICAL FORM**

Please print and fill in all spaces.

Student's Name _____

Grade _____ Instrument _____

DOB ____ / ____ / ____

Student Cell Number (757) _____

Mother _____

Father _____

Mother Home # _____

Father Home# _____

Mother Cell# _____

Father Cell # _____

2 EMERGENCY CONTACTS MUST BE AVAILABLE: IN CASE OF EMERGENCY, PLEASE NOTIFY

NAME _____

NAME _____

RELATIONSHIP _____

RELATIONSHIP _____

HOME PHONE _____

HOMEPHONE _____

WORK PHONE _____

WORK PHONE _____

CELL PHONE _____

CELL PHONE _____

FAMILY DOCTOR _____

PHONE (757) _____

ADDRESS _____

HEALTH INSURANCE CARRIER COVERING STUDENT

POLICY NUMBER _____

GROUP

NUMBER _____

Name of Policy Holder _____

DOES STUDENT CARRY POLICY ID CARDS -----YES -----NO

Please list any significant health problems that might be significant to a physician evaluating your child IN CASE OF EMERGENCY

Please list any medications your student is taking:

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Last date of Tetanus Immunization ____ / ____ / ____

Does your student wear contacts?	<i>YES</i>	<i>NO</i>
Does your student wear glasses?	<i>YES</i>	<i>NO</i>
Does your student wear a hearing device?	<i>YES</i>	<i>NO</i>

Asthma Information

Has your child ever have an asthma attack?	<i>YES</i>	<i>NO</i>
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Date of last attack _____

Is your student currently prescribed and inhaled?	<i>YES</i>	<i>NO</i>
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Allergies

Does your child have allergies?	<i>YES</i>	<i>NO</i>
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If yes, please list all allergies:

Is your student currently prescribed an Epi-Pen?	<i>YES</i>	<i>NO</i>
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Emergency Authorization: In the event I cannot be reached in an emergency, I hereby give permission to physicians to select by the Directors and staff of Hickory High School to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above.

Signature of parent or Guardian _____ Date _____

Relation to student _____

* Emergency Permission Form may be reproduced for travel only to be shared with Band Directors, Head Chaperone and Head Medical Chaperone/School Nurse.