

Instrument: _____ ALLERGIES: _____

**BAKER HIGH SCHOOL BAND
STUDENT MEDICAL INFORMATION**

Student's Legal Name: _____ Preferred Name: _____
Student's Social Security Number: _____ Birthday: _____

Parent/Guardian Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Phone: Home _____ Work: mom _____ Cell mom _____
dad _____ dad _____
student _____

parent email _____ student email _____

Emergency contact (other than parents)
Contact 1 Name: _____ Phone: _____
Contact 2 Name: _____ Phone: _____

Serious Illnesses or Operations: _____

Unusual Health Conditions: Yes _____ No _____ If yes, explain _____

Regular Medications Taken: _____

Doctor: _____ Phone: _____

PERMISSION FOR MEDICAL TREATMENT

If emergency treatment is required and parents cannot be reached, what does the parent want the

- school to do? 1. Contact closest medical facility? Yes ___ No ___
2. Contact a physician from local referral agency? Yes ___ No ___
3. Take child to nearest hospital? Yes ___ No ___
4. Other suggestions _____

I give my child permission to receive: _____ Tylenol OR _____ Ibuprofen for pain
_____ Dramamine for nausea
_____ Hydrocortisone cream for itching
_____ Benadryl for allergic reactions
_____ Imodium for diarrhea

INSURANCE INFORMATION

Policy Holder: _____ Ins. Company Name _____
Policy Holder's Birthday _____ SS# _____
Member Number _____ Policy Number: _____
Insurance Customer Service Number _____

Parent/Guardian Signature: _____

Witnesses Signature: 1.) _____ 2.) _____

MEMBERSHIP TRACKER

This page must be filled out, signed by parents and students, and returned to your section leader before band camp begins.

The material below will serve as information needed in case of an emergency. This information letter will also serve as a permission form for your son/daughter to participate in band trips or functions with the Baker High School Band during the 2019-2020 school year.

I have read and understand all the rules and policies of the Baker High School Band Program. I agree to abide by all policies set forth by the band and the school. I understand that breaking any of these rules could result in my dismissal from the Baker High School Band Program.

Student Name
(print) _____ (sign) _____

Parent/Guardian _____ (PRINT)
PARENT/GUARDIAN _____ (SIGN)

DATE: _____

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