

Glendale Band
Student Medical Information

Student Name _____ Date _____
Sex _____ Age _____ BirthDate _____ Grade _____
SS# _____

Home Address _____
(street)

(City, State, Zip)

(Area Code and Phone)

Father's Full Name _____
Work Phone _____ Hours _____

Mother's Full Name _____
Work Phone _____ Hours _____

Is the student currently taking any medication? Yes No

If yes, give the name of the medication, reason, doctor and phone.

Is the student currently under medical treatment? Yes No

If yes, give the nature of the treatment, doctor's name and phone.

List any ailments of your child that the director or chaperones should be made aware.
(Example: Allergies, Epilepsy, Diabetes, etc.)

Date of last tetanus shot _____

Health Insurance Company _____
Address _____

Name of Employee _____
Agreement # _____

Name of Employer (if group insurance) _____
Address _____

Phone _____
Group# _____

If the director or school can not get in touch with ether parent/guardian, please list two relatives or friends who would have the authority to advise us regarding your child:

Name _____ Relationship _____
Address _____ Phone _____

Name _____ Relationship _____
Address _____ Phone _____

If Emergency Treatment required, may the director or chaperone use their own judgment in sending the child to a hospital or doctor most easily accessible before the parent/guardian can be reached?

YES

NO

If no, name a preferred hospital _____
Preferred doctor _____

It is understood that in the final disposition of an emergency case, the judgment of the school authorities or band director will prevail. The recommendation of the parent/guardian, as indicated above, will be respected as far as possible. Of at any time the above information must be changed, I will notify the director in writing. Any omissions are strictly my responsibility!

Signature of parent or guardian _____
Date _____ School Year: 20 _____ -20 _____