

MEDICAL INFORMATION FORM

This form covers all trips and activities of the Gaither High School Band for the summers and regular school year 2010-11. Current personal health and medical history is attested by parents to be accurate. Information given is confidential, accessed only by the band director, or in an emergency the head chaperone or medical professionals.

This is to be filled out by parents or guardian. Please print neatly as possible, in ink.

Student Name _____ Date of Birth _____ Age _____ Gender _____

Social Security Number _____ Section in band/ Starette: _____

Names of Parent(s) or Guardian(s) with custody of above student _____

Home Address _____ City _____ Zip: _____

Circle Primary Emergency Contact Phone Numbers:

Father Work Phone: _____ Father Cell Phone: _____

Mother Work Phone: _____ Mother Cell Phone: _____

Home Phone: _____ Student Cell Phone: _____

If parents or guardians named above are not available in the event of an emergency, notify:

Name _____ Relationship _____ Phone Number(s) _____

Name _____ Relationship _____ Phone Number(s) _____

Name of Personal Physician _____ Phone: _____

Medical Insurance Company(or N/A if none): _____ Group Number: _____

Subscriber Number: _____ Other information on card: _____

Check all that apply, past or present. Explain any "Yes" answers

Allergies: Food, medicines, insects, plants: Yes No List Allergies: _____


High Blood Pressure	Yes	No	Asthma	Yes	No	Kidney Disease	Yes	No
Cancer/Leukemia	Yes	No	Diabetes	Yes	No	Knee/Foot Trouble	Yes	No
Convulsions/Seizures	Yes	No	Hemophilia	Yes	No	Musculoskeletal	Yes	No
Hearing Difficulty	Yes	No	Heart Trouble	Yes	No			

Explain any "Yes" answers above and provide brief description of current treatment if any: _____

List any physical or behavioral conditions that may affect or limit full participation in marching, playing strenuous games, swimming, running, or stretching. _____

Other Medical Limitations or Information: Please attach a sheet or use the reverse side of this form to list any known allergic reactions (bees, ants, medications, etc.). Indicate any condition such as asthma, wheezing, heart disease, seizures, diabetes, muscular or skeletal problems, or any other medical condition you would like called to the school's attention. Feel free to call the school in advance of any activity to discuss any specific health problems, but please note it on this form also.

Medication forms must be filled out for any medication to be taken by students on a trip. Please contact a chaperone for information.

 (Initial approval) Except as noted below, chaperones have my permission to give my child such "over-the-counter" medications as Tylenol, Ibuprofen (Advil), antihistamine, decongestant, topical antibiotics, etc. when on band trips.

Exceptions: _____

The above is correct to the best of my knowledge.

Signature, parent/guardian: _____ Date: _____