

RETURN TO BAND OFFICE BEFORE CAMP

James Wood High School Band Medical Form

Each student must complete every question on this form. A student may not go on any field trip until this form is completed and returned to the JWHS Band Office.

Name: _____ Birthdate: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: () _____

Mother Work Phone: () _____

Father Work Phone: () _____

Emergency Contact Number if different from above: () _____

Medical Information

1. Do you take any medicine now? () Yes () No
If yes, please list

2. Are you allergic to any medications? () Yes () No
If yes, please list

3. Do you have any medical conditions or concerns that we need to be aware of?
() Yes () No If Yes, please describe

4. Date of your last Tetanus Shot: _____

5. Family Doctor (or Doctor treating the above conditions)

_____ Phone () _____

(OVER)

Insurance Information

Parents are responsible to provide health insurance for their children. Please give us the insurance information requested below so that we may provide this to the hospital in the event of an accident or illness.

Insured Name: _____

Health Insurance Carrier and Address ; _____

Policy Number: _____

Certificate or I. D. Number: _____

Dear Parent or Guardian,

In the event a student requires an emergency surgical operation, the school will make every attempt to reach the parent or guardian of minors for authorization for surgery. In the event that we are unable to reach the parent or guardians, we ask that the following statement be signed.

During any time my son, daughter, or ward, while traveling with the James Wood High School Band, is in need of surgical or medical treatment, I confer upon the head chaperone, Jeffrey Rutherford, or a designated representative of the school, the authority, commensurate with my authority as a parent or legal guardian in like cases, to give my consent to such surgical or medical treatment.

Name of Student: _____

Signature of Parent/Guardian: _____

Date: _____

(OVER)