2020-2021 MEDICAL FORM

Student Name _____ Date of Birth _____
Last First M.I.

Address:_____

Telephone number(s):_____

Parent/Guardian Name(s):_____

Parent e-mail:_____

Parent cell phone: _____

Emergency Contact:_____Relationship:_____

Emergency Contact Phone:_____ _____

Family Physician: _____

Medical Information:

Allergies: Reactions/severity:

_____ _____

_____ _____

_____ _____

Special Dietary Restrictions or Preferences:_____

***Please circle the medications you allow your child to take:**

Tylenol / Acetaminophen / Advil/Ibuprofen / Benadryl / Mylanta or Tums / Neosporin / Oragel

Please photocopy a front & back copy of your child's insurance card and send in with all forms

Acknowledgment/Medical Treatment Authorization:

I give permission for _____ to be treated on an emergency basis at the discretion of the nurse/physician and band staff, and assume full financial responsibility for such care while he/she is participating in band activities.

Parent Signature: _____

Special Health Conditions:

_____

_____

_____

_____

Are you currently taking medications? Y or N

If YES, list medications, dose, amts. & times:

_____

_____

_____

_____

_____

Insert Front & Back copy of Insurance card here