Medical Information and Consent Form

Updated 2022

Name of Student (Last, First, Middle)	Birth Date	Sex ☐ Male ☐ Female
Address (Street)	(City and Zip Code)	
Name of Parent or Guardian (Last, First, Middle)	Home Phone	Cell Phone
Name of Parent or Guardian (Last, First, Middle)	Home Phone	Cell Phone

Known Health Problems

Allergies: ☐ Food _____ ☐ Insects_____ ☐ Environmental_____ ☐ Medications_____	☐ Hives/Rash ☐ Breathing Difficulty ☐ Epi-pen
Asthma: ☐ Yes ☐ No	☐ Uses an inhaler at school ☐ Uses an inhaler at home
Bleeding Problems: (Hemophilia, Von Willebrand's, frequent nosebleeds)	☐ Yes ☐ No
Cancer/Leukemia	☐ Yes ☐ No
Cerebral Palsy	☐ Yes ☐ No
Cystic Fibrosis	☐ Yes ☐ No
Diabetes ☐ Type 1 Diabetic ☐ Type 2 Diabetic	☐ Monitors Blood Sugars while at school ☐ Glucagon order ☐ Insulin pump ☐ Managed with diet

Gastrointestinal/Stomach Problems: ☐ Yes ☐ No	Please Explain:
Headaches ☐ Yes ☐ No	Please Explain:
Heart Condition ☐ Yes ☐ No	Please Explain:
Seizures/Convulsions ☐ Yes ☐ No	Please Explain: (Type of Seizure)
Shunt ☐ Yes ☐ No	Please Explain: ☐ VP Shunt
Special Diet ☐ Yes ☐ No	Please Explain:
Surgeries in the last year ☐ Yes ☐ No	Please Explain:
Other Medical Conditions: Include **any** medications taken at home only.	

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In case of emergency – Please list a name and phone number of a person to notify if you cannot be reached.

Emergency Contact:

Name	
Phone Number	
Relationship to Student	

Medical Information:

Physician Name	
Physician Address	
Phone Number	
Health Insurance Co.	
Policy Number	

Since a medical emergency could arise while your child is with the band, please fill out and sign the statement below.

To whom it may concern:

In the event of an emergency, I hereby give permission for the medical treat of my child,

_____ (band member's PRINTED name).

Parent/Guardian signature_____

Parent/Guardian Printed Name_____

Date_____

Parent Cell Phone Number_____ Alternate Cell Phone Number_____