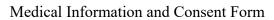


## Medical Information and Consent Form

Name of Student (Last, First, Middle)		Birth Date		Sex
Address (Street)		(City and Zip Code)		
Name of Parent or Guardian (Last, Firs	t, Middle)	Home Phone		Cell Phone
Name of Parent or Guardian (Last, Firs	t, Middle)	Home Phone		Cell Phone
Known Health Problems				
Allergies:		□ Bı		ives/Rash reathing Difficulty oi-pen
Asthma:				ses an inhaler at school ses an inhaler at home
(Hemophilia, Von Willebrand's, freque	ent nosebleeds)			
Cancer/Leukemia			<ul><li>□ Ye</li><li>□ Ne</li></ul>	
Cerebral Palsy			□ Ye	
Cystic Fibrosis			□ Yo	
Diabetes  ☐ Type 1 Diabetic ☐ Type 2 Diabetic			<ul> <li>□ Gl</li> <li>□ In</li> </ul>	onitors Blood Sugars while at school lucagon order sulin pump anaged with diet
Gastrointestinal/Stomach Problems:  ☐ Yes ☐ No	Please Explain:			
Headaches  ☐ Yes  ☐ No	Please Explain:			
Heart Condition  ☐ Yes ☐ No	Please Explain:			
Seizures/Convulsions  Ves 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.			



Updated 2022



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 emerger below.	ncy could arise while your child is with the band, please fill out and sign the	he statement
To whom it may concer	n:	
In the event of an emerg	ency, I hereby give permission for the medical treat of my child,	
	(band member's PRINTED name).	
Parent/Guardian signatu	re	
Parent/Guardian Printed	Name	
Date	-	
Parent Cell Phone Numl	per Alternate Cell Phone Number	