

**HERITAGE HIGH SCHOOL BAND
MEDICAL INFORMATION AND CONSENT FORM**

This completed form must be signed before a notary public.

STUDENT NAME _____ HOME PHONE _____

ADDRESS _____ CITY _____ ZIP _____

PARENT/GUARDIAN _____

EMPLOYER _____ WORK PHONE _____

CELL PHONE _____

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

NAME _____ PHONE # _____

MEDICAL INFORMATION

PHYSICIAN _____ PHONE # _____

HEALTH INSURANCE CO. _____

POLICY # _____

Is the student subject to any of the following or have any other significant health problems of which the director or chaperones should be aware? Circle reply:

Asthma Diabetes Seizure Disorders Heart Disease

High Blood Pressure Bleeding Disorders
Others _____

Is the student allergic to any medications, foods, or insect toxins? Yes No

If so, please list the specific medication, foods, insects, etc _____

Please list all medications this student is taking _____

By signing this form, you agree to allow your child to travel with the Heritage High School Band to all band performances and events.

A medical emergency could arise while your child is with the band, please fill out and sign the statement below. All information on this form will remain confidential.

To whom it may concern: In the event of an emergency, I hereby give permission for the medical treatment of my child,

(band member's name)

Parent/Guardian signature _____

Notary Signature _____ Date _____

My commission expires _____