NORTH HARRISON HIGH SCHOOL BAND
MEDICAL INFORMATION / CONSENT FOR TREATMENT

GENERAL INFORMATION

STUDENT _____ PHONE _____
(LAST) (FIRST) (MI)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

FATHER _____ BUS. PHONE _____

MOTHER _____ BUS. PHONE _____

MEDICAL INFORMATION

LIST ALL KNOWN ALLERGIES (food, medications, etc.) _____

_____

LIST SPECIAL MEDICAL PROBLEMS _____

LIST ANY MEDICATIONS THE STUDENT IS PRESENTLY TAKING AND WHY

_____

TETNUS SHOT WITHIN LAST 5 YRS YES_____ NO ____ DATE _____

MEDICAL INSURANCE INFORMATION

CARRIER _____ POLICY # _____

GROUP/PLAN # _____ CARRIER PHONE _____

To whom it may concern: I, THE UNDERSIGNED, BEING THE PARENT OR LEGAL GUARDIAN, DO HERBY AUTHORIZE TO THE DIRECTOR(S) OF THE NORTH HARRISON BAND, TO OBTAIN EMERGENCY MEDICAL AND/OR SURGICAL TREATMENT FROM A PHYSCIAN OR HOSPITAL EMERGENCY ROOM.

_____ _____
SIGNATURE **RELATIONSHIP TO STUDENT**