

**CLINTON HIGH SCHOOL BAND  
2009-2010 MEDICAL FORM**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Is the student allergic to any medication and/or food? \_\_\_\_\_ Which? \_\_\_\_\_  
In case of sickness, may this student take one dose of: Aspirin? \_\_\_ Ibuprofen? \_\_\_ Imodium AD? \_\_\_ Pepto Bismol? \_\_\_  
Does this student wear contact lenses? \_\_\_\_\_ prescription glasses? \_\_\_\_\_  
Does this student suffer from: Hay fever \_\_\_\_\_ Allergies \_\_\_\_\_ Asthma \_\_\_\_\_  
Does this student take any medication? \_\_\_\_\_ Which? \_\_\_\_\_

**Any other health history that may assist the person in charge should this student become ill?**

**FIRST CONTACT IN CASE OF EMERGENCY:**

Parent/s or Guardian/s Name/s: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone 1 \_\_\_\_\_ ( Home ) Phone 2 \_\_\_\_\_ ( Work )  
Phone 3 \_\_\_\_\_ ( ) Phone 4 \_\_\_\_\_ ( )

**FAMILY PHYSICIAN**

Name \_\_\_\_\_ Phone: \_\_\_\_\_ Other Phone? \_\_\_\_\_

**OTHER EMERGENCY CONTACT(S) - OPTIONAL**

Relationship: \_\_\_\_\_ Telephone \_\_\_\_\_  
Relationship: \_\_\_\_\_ Telephone \_\_\_\_\_  
Relationship: \_\_\_\_\_ Telephone \_\_\_\_\_

**WE DO [ ] WE DO NOT [ ] HAVE HEALTH OR ACCIDENT INSURANCE**

Insurance Company Name \_\_\_\_\_  
Group Number \_\_\_\_\_ Policy Number of Group \_\_\_\_\_

**We have attached a copy of our Insurance card to this form: [ ] YES [ ] NO**

This form has been filled out to the best of my knowledge. I hereby authorize medical or surgical treatment of \_\_\_\_\_ in the event of any emergency, illness or accident. I accept all responsibility and liability for any occurrence during this student's participation with the band. *I further agree to be available during band trips at one of the numbers listed above or ensure that an alternate means of contact is written on this form BEFORE any trip.*

\_\_\_\_\_  
Signature of Parent or Guardian                      Signature of Parent or Guardian                      Today's Date