

Student Name: (Last, First) _____

HCHS Bands Student Health and Medicine Permission Sheet

**Booster
use only**

Student Name: _____

Parent/Guardian Name _____
Address _____
City, St Zip _____
Phone Numbers _____

Emergency Contact Person
Name _____ Relationship _____ Phone _____

Alternate Responsible Party
Name _____ Relationship _____ Phone _____

List any operations within last year _____

Serious Medical Problems (Physical or Psychological) _____

Rheumatic Fever _____ Diabetes _____

Tetanus (date of last Injection) _____

Any special problems in past or present _____

Any medications student is presently taking _____

Please list: _____

Is the student currently under medical treatment? If yes, list reason.

List any Physical Restrictions: _____

Family Physican: _____ Phone: _____

List any Allergies: _____

Over-the-Counter Medications

Please indicate with a check mark if you give your permission for your child to receive the below over-the-counter medications and the dosage appropriate to your child.

Tylenol	_____	Midol	_____
Advil	_____	Dramamine	_____
Motrin	_____	Benadryl	_____
Pept-bismol Tablets	_____		

Parent/Guardian signature: _____

I give permission for my child to receive emergency medical treatment in case of illness or injury. I further understand that I am responsible for any medical expenses not covered by the student insurance policy.

THIS AUTHORIZATION IS FOR TREATMENT BY A PHYSICIAN AND AT A HOSPITAL FOR ANY MEDICAL OR SURGICAL EMERGENCY.

Parent or Legal Guardian _____ Insurance Company/Policy Number _____

Insured's Name of Employer _____ Date _____

ALL INFORMATION ON THIS FORM MUST BE PORVIDED BEFORE THE STUDENT CAN PARTICIPATE IN ANY BAND ACTIVITIES