

**SCOTTSBURG HIGH SCHOOL BAND  
CONFIDENTIAL MEDICAL INFORMATION**

PLEASE PRINT EVRYTHING!

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone # where parent/guardian can be reached during the day: \_\_\_\_\_

Telephone # where parent/guardian can be reached during the night: \_\_\_\_\_

I (we) hereby give permission for the above-named student to be treated by a physician or licensed nurse at a hospital or on the scene in the event of a medical or surgical emergency. I (we) understand that the director, chaperones, and medical personnel will be acting in the best interest of my (our) child, and I (we) will not hold them responsible for any decision they make.

\_\_\_\_\_  
parent/guardian signature

\_\_\_\_\_  
date

\_\_\_\_\_  
parent/guardian signature

\_\_\_\_\_  
date

Student date of birth: \_\_\_\_\_

Student date of last tetanus: \_\_\_\_\_

Name of insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Company telephone #: \_\_\_\_\_

Family Physician: \_\_\_\_\_

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

In the event it is impossible to reach the parent/guardian, please list another person that can be contacted if necessary.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## MEDICAL INFORMATION, PART 2

STUDENT NAME: \_\_\_\_\_

1. Please list any medications of any type that your child will be taking on this trip, or if your child is under any special medical treatment. This includes, illness prescriptions, cold medicine, ANYTHING! THIS IS VERY IMPORTANT.
2. Please list any allergies or other substance that your child is allergic to. This means bee stings, certain foods, severe sunburns, food seasonings, etc. Please list anything that may upset the normal routine of your child.
3. Please list any medical information that should be known about your child. We wish to know anything that may cause extra attention in the case of an emergency. This includes bad asthma attacks, cramps, severe headaches, foot/arm problems, recent operations, diabetes, epilepsy, etc.
4. Please do not hesitate to put anything you feel is important on this page. The information will remain confidential. We wish to be able, in the case of an emergency, to know how to best treat your child and to know the procedures that will have to be followed.