

2022-23 White County High School Marching Band Student Medical & Health Form

IMPORTANT! PLEASE READ: This form must be submitted by July 25, 2022. This Medical/Health form will be kept with the medical kit at all times in case of a medical emergency involving your student, please put NA in the blank to insure accurate information. **Incomplete forms cannot be accepted. Please make sure that the primary and secondary contact is someone who can be contacted at anytime while your student is participating in a band activity.**

Student Name: _____ Birth Date: _____

Sex: _____ Grade: _____ (Starting in August) Instrument: _____

Primary Emergency Contact* _____ Secondary Emergency Contact* _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Email Address: _____ Email Address: _____

**The Primary and Secondary contact must be able to be reached at anytime when the student is participating in a band activity if the student's Parent/Guardian are not in attendance.*

Responsible Party (in case hospitalization in required) _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Health History

1. Operations (within the last year)

2. Individual Health Concerns (Hyperventilation, fainting, seizures, etc.)

3. Tetanus (Date of last inoculation)

4. Student's Blood Type

5. Does the student have, or ever have, any of the following:

Rheumatic Fever: _____ Diabetes: _____ Epilepsy: _____ Asthma: _____ Seizures: _____ Allergic reactions to stings: _____

6. Allergies (medications, bee stings*, latex products, etc.) PLEASE LIST ALL: ***Note: Bee stings are common at band activities. If your student uses an EpiPen, please provide one to be kept in the medical kit throughout the season.**

7. List ANY medications the student is or will be taking during the marching season.

8. Is the student presently under the care of a physician for any reasons? _____

9. Medical Exemptions (Blood transfusions, etc.) _____

10. Student's Physician _____ Physician Phone _____ Hospital _____

LIMITED POWER OF ATTORNEY

In the event that a serious emergency arises, it may be necessary for a physician to attend to your student before the staff can reach you or your designated physician. Such emergency care can be provided only if you sign the following **Authorization to Provide Medical Treatment**. (All information below is required for emergency treatment of your student.)

AUTHORIZATION TO PROVIDE MEDICAL TREATMENT

I hereby give the band director or chaperone in charge of my son/daughter limited power of attorney to act in my absence and see that _____ (student's name) receives whatever medical treatment is necessary in the event of an emergency.

Family Insurance Company _____ Phone Number _____ Policy Number _____

Student SSN: _____ Parent/Guardian Signature _____