

MHS Band Medical Form-Return by 7/13/17

Student's Name:

Last _____, First _____

Birthdate:

Month _____/Date _____/Year _____

Address: _____

Home Phone: _____

Mother's Name and cell phone #: _____

Father's Name and cell phone #: _____

If parents cannot be reached call:

1. Name, relationship,
phone: _____
2. Name, relationship,
phone _____

Physician name and phone

#: _____

Medical Insurance Info (carrier, #, etc...):

List **any** medical problems/conditions:

List **all** prescription medications that the student is prescribed:

List **all** allergies (medications, food, etc...):

List any medication you would **NOT** like to be given to your student:

If I cannot be reached, I agree to assume all expense for moving and medically treating my student. I also agree to consent to any treatment, surgery, diagnostic procedures, or the administration of anesthesia which may be carried out based on the medical judgment of the attending physician.

Parent/Guardian

Signature:

Date