

## Medical Information Form

Event: All 2010 – 2011 Band Activities

|   |           |                                      |                             |
|---|-----------|--------------------------------------|-----------------------------|
| <b>PERSONAL</b> (Please Print)  |           | Which Bands? (Circle all that apply) |                             |
| Name _____  | _____     | MB                                   | 9th Gr. Wind II Wind I      |
| Last  | First     |                                      |                             |
|   | M.I.      |                                      |                             |
| Class of _____  | Age _____ | Date of Birth ____/____/____         | Phone # (808) _____ - _____ |
| Address _____   | _____     | _____                                | _____                       |
| No. and Street  | (aprt. #) | City                                 | State      Zip              |
| Parent/Guardian Name(s) _____   | _____     | _____                                | _____                       |
| (Mother)  |           | (Father)                             |                             |
| Address _____   | _____     | _____                                | _____                       |
| No. and Street  | (aprt. #) | City                                 | State      Zip              |
| Mother / Guardian Phone Contact Number(s) _____   |           |                                      |                             |
| Father / Guardian Phone Contact Number(s) _____   |           |                                      |                             |
| <b>( Please list ALL emergency contact numbers with the following codes: H- home; B- business; P- pager; C- cell or wireless)</b> |           |                                      |                             |

|   |  |
|---|--|
| <b>MEDICAL</b> (Please Print)   |  |
| (Circle One)  |  |
| Insurance:    No    Yes: Type: _____  |  |
| Physician _____   | Phone # _____  |
| Last  | First      M.I.      Business      Physicians Exchange |
| Address _____   | _____  |
| No. and Street  | (room)      City      State      Zip                   |
| Medical History _____   | _____  |
| (attach or use the other side of this form if more space is needed, please be as complete as possible regarding special conditions) |  |
| Allergies _____   | _____  |
| Medications _____   | _____  |

### PERMISSION FOR MEDICAL TREATMENT

I, \_\_\_\_\_, hereby give permission to render emergency medical treatment to  
(print parent/guardian's name)

\_\_\_\_\_ should a medical problem involving this student arises during the  
(print student's name)

**All 2010 – 2011 Band Activities** I understand that every effort will be made to contact me, but in the event that emergency notification cannot be made, I authorize that all necessary medical treatment be given to stabilize any medical conditions.

**\*\*PLEASE ATTACH A COPY OF MEDICAL CARD.**

\_\_\_\_\_  
Signature of Mother or Guardian      Date

\_\_\_\_\_  
Signature of Father or Guardian      Date