

Fruitdale High School Band

Student Information and Emergency / Medical Form

This form must be completed and returned prior to participation in band activities.

Student Information

Student Name: _____ Grade: _____

Date of Birth: _____

Instrument / Section: _____

Student Address: _____

City: _____ State _____ ZIP: _____

Parent / Guardian Information

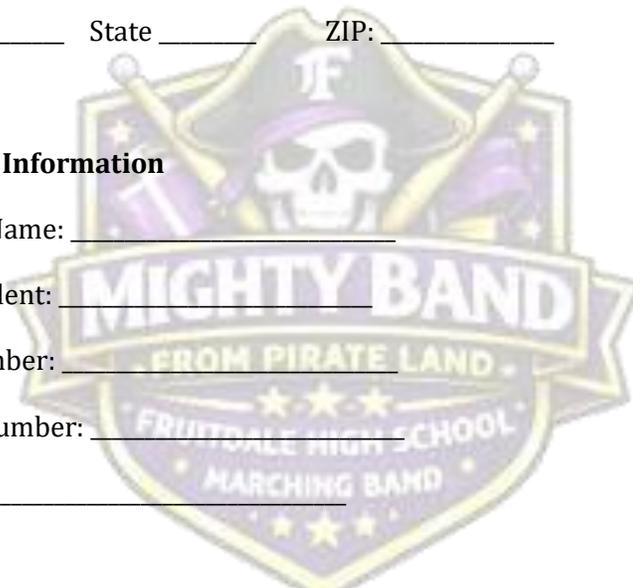
Parent / Guardian Name: _____

Relationship to Student: _____

Primary Phone Number: _____

Secondary Phone Number: _____

Email Address: _____



Emergency Contact Information

(Other than Parent/Guardian listed above)

Emergency Contact Name: _____

Relationship to Student: _____

Phone Number: _____

Alternate Phone Number: _____

Medical Information

Does the student have any medical conditions that staff should be aware of?

Yes No

If yes, please explain:

Does the student have any allergies?

Yes No

If yes, list allergies (food, medication, environmental, etc.):

Does the student have a severe allergy requiring emergency response (such as an EpiPen)?

Yes No

If yes, please explain:

Does the student carry medication for a medical condition?

Yes No

If yes, list medication:



Insurance Information

Insurance Provider: _____ Policy Number: _____

Physician Name: _____ Physician Phone Number: _____

Emergency Authorization

In the event of illness or injury and a parent or guardian cannot be reached, I authorize school personnel to obtain emergency medical treatment for my child. Parent / Guardian

Signature: _____ Date: _____