

SPRING HILL HIGH SCHOOL BAND CONSENT AND MEDICAL FORM

**RETURN THIS FORM
TO BAND DIRECTOR**

NAME: _____ FEMALE () MALE ()

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER _____ - _____ - _____
(Social Security Number required by hospital in the event of an emergency.)

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

STUDENT'S CELL PHONE: _____

FAMILY DOCTOR: _____ DR. PHONE: _____

Is the student presently on medication? Yes () No (). If yes, please list: (use reverse side if necessary)

Does the student wear contact lenses? Yes () No ()

List any allergy and/or medical condition (i.e., fainting, dizzy spells) which at any time has caused a medical crisis. Also, please include any medical information that you think is important. (use reverse side if necessary)

FATHER/GUARDIAN NAME: (please print)

MOTHER/GUARDIAN NAME: (please print)

HOME PHONE: _____

HOME PHONE: _____

CELL PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

WORK PHONE: _____

PLACE OF EMPLOYMENT: _____

PLACE OF EMPLOYMENT: _____

PARENTAL/GUARDIAN CONSENT

As parent/guardian of _____, I give the Spring Hill High School Band consent for the above named student to participate in the activities of the band. I also give consent to have said student treated by a physician in case emergency medical treatment is necessary from June 1, 2010, to May 31, 2011. I understand that every effort will be made to contact our family physician and us in case an emergency arises.

Date: _____

Parent/Guardian Signature

Insurance information: _____