

# APPENDIX D—MEDICAL FORMS

NORTHERN NASH HIGH SCHOOL BAND

# MEDICAL INFORMATION FORM

TO WHOM IT MAY CONCERN, I, the undersigned parent or guardian of:

Name of student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Hereby grant authorization to the Band Director or any chaperone of the Northern Nash High School Band Boosters standing in loco parentis, to obtain any emergency medical and/or surgical procedures from a physician or hospital emergency room physician on behalf of the above named minor.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Printed Name \_\_\_\_\_

## GENERAL INFORMATION

Student \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Place of Business \_\_\_\_\_

Mother's Name \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Place of Business \_\_\_\_\_

## ALTERNATE TO NOTIFY IN CASE OF EMERGENCY

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## FINANCIAL CONSIDERATIONS

For and in consideration of emergency services and goods rendered by or through the attending physician(s), the undersigned hereby guarantees payment in full, immediately upon receipt of the final billing.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Name \_\_\_\_\_

Sex (M) (F) Birth Date / /

Parents \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Policy # \_\_\_\_\_

**PLEASE COMPLETE THE QUESTIONS BELOW. It is imperative that we have medical information in order that we may care for the student in case of emergency.**

1. Does the student have chronic health problems? \_\_\_\_\_

2. Is the student allergic to any medicines? \_\_\_\_\_

3. Does he/ she have allergies? \_\_\_\_\_

4. Is he/ she currently taking any medications? \_\_\_\_\_

5. What is the date of the student's last tetanus shot? \_\_\_\_\_

6. Please list any additional pertinent medical information. \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_

TELEPHONE & ADDRESS \_\_\_\_\_

In case of minor illness the Northern Nash High School Band Director or chaperones of the Band Boosters have my permission to give over the counter drugs such as Tylenol, Maalox, Sudafed, Ibuprofen, or Dramamine to my son/ daughter. \_\_\_\_\_ YES \_\_\_\_\_ NO