



Attach copies of both sides current insurance card

Perryton High School Band Confidential Medical Information Form

(Print carefully & completely in ink)

Date:	
Date of Last Tetanus Shot	Height of Student
	Weight of Student

Student Information

Last Name		Legal First & Middle Names	
		Nickname	
Birth date (Mo/Day/Year)	Age		
		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Home Address			
City, State, Zip			
Student Home Phone	Student Work Phone	Student Cell Phone	

Student Medical History (*see alternative option below)

Drug Allergies	
Food/Insect Bites/Other Allergies	
Medical History of Student - <input type="checkbox"/> if Yes	Under Doctor's Care? / Other History? Describe.
<input type="checkbox"/> Asthma	
<input type="checkbox"/> Chronic Illness or Handicap	
<input type="checkbox"/> Convulsions/Epilepsy	
<input type="checkbox"/> Current Pregnancy	
<input type="checkbox"/> Depression	
<input type="checkbox"/> Diabetes	
<input type="checkbox"/> Heart Defect	
<input type="checkbox"/> High Blood Pressure	
<input type="checkbox"/> Physical Restrictions	
<input type="checkbox"/> Previous Surgeries	
<input type="checkbox"/> Other	
Current and Long Term Prescription Medications (Name - strength - frequency)	
Current and Long Term Over the Counter Medications (Name - strength - frequency)	
List any treatments you would not be willing to authorize	

Parent/Guardian Information

Mother/Guardian Name		Social Security #
Home Address		
City, State, Zip		
Home Phone	Work Phone	Cell Phone
Father/Guardian Name		Social Security #
Home Address (if different from above)		
Home Phone	Work Phone	Cell Phone

Additional Emergency Contacts

Name #1	Relationship	
Home Phone	Work Phone	Cell Phone
Name #2	Relationship	
Home Phone	Work Phone	Cell Phone

Insurance Information write none if no coverage

Policy Holder's Name	Policy Holder SS# and Birth Date
Insurance Co. Name	
Insurance Co. Address, City, State, Zip	
Insurance Co. Phone	
Policy #	Group #

Physician & Dentist Information

Family Physician/Pediatrician	
Address	City, State, Zip
Daytime Office Phone	After Hours Phone
Family Dentist	
Address	City, State, Zip
Daytime Office Phone	After Hours Phone

***ALTERNATIVE OPTION:** I knowingly and willingly choose to NOT REVEAL any or part of my child's medical history and fully understand that this may hinder the effort to attain appropriate emergency medical attention when & if needed while under our supervision.

Signed & dated: _____

Perryton High School Band
Medical Release Form

Student's Name _____

Date _____

**THE STATE OF TEXAS)
COUNTY OF OCHITREE)**

KNOW ALL MEN BY THESE PRESENT:

I, _____, am the parent or guardian of
(parent/guardian)
_____, a student at Perryton High School.
(student)

As parent/guardian of the student, and as a condition for participation as a fine arts student at Perryton High School; I give authorization/consent for the disclosure of the student's health information and give authorization/consent for medical treatment of said child to Anthony Lucas, and Ryan Rosas, (Perryton Independent School District band directors), any of whom may act on my child's behalf. I hereby hold Perryton Independent School District harmless of authorizing such disclosure and/or treatment.

PARENT/GUARDIAN SIGNATURE
(Required for participation in fine arts activities/events)

Medical information shared between medical providers, band directors and school officials is confidential information and will not be shared with those outside these positions.

This authorization may be revoked any time by notifying the band director in writing and hand-delivered or mailed to the school.

Revocation will not affect any uses or disclosures made by the School before receipt of revocation.

A copy of the health information provided on this form is available upon request.

This document must be notarized & returned to the band office before the first football game or any fine arts activity/event.