

“The Pride of Perryton” High School Band

Medical Form

Information:

Student Name _____

Date of Birth _____ Male/Female _____

Home Phone _____

Address _____

Parent/Guardian’s Name: _____

Home #: _____ Work #: _____ Cell #: _____

Parent/Guardian’s Name: _____

Home #: _____ Work #: _____ Cell #: _____

Emergency Contact _____ Phone # _____

Insurance Coverage:

Company _____

Group Number _____

Policy Number _____ Policy Holder _____

Insurance Company’s Phone No.: _____

Please Circle if there is a known history of:

Allergy to Bee stings/Asthma/Epilepsy/Seizures/Dizziness/High Blood Pressure/Fainting/Diabetes/Hypoglycemia/Panic attacks

Please list any allergies or other health problems not listed above:

Student Medical Form Medications: My child is on the following prescription or over the counter medications (list medication and dosage):

If you do not wish your student to take a certain OTC medication please list them here:

Circle all medications and dosages that may be given to your child:

Tylenol

Advil

Aleve

Midol

Benadryl

Tums/Antacid yes/no

Imodium

Sudafed

Dramamine

****Please read the below statement and sign/date the Medical Form****

My student _____ has my permission to receive any emergency treatment, both diagnostic and definitive, which may become necessary during authorized band trips for the 2020-2021 school year. This emergency treatment includes but is not limited to the administering of medications listed above. I give permission for my child to participate in authorized trips involving the band during the 2020-2021 school year. I understand that band trips are sponsored by Perryton ISD.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

(This form will be kept confidentially in the Band Office)