Band Required Form **5**/5

Sanford-Fritch High School Band

Confidential Medical Information Form

(Print carefully & completely in ink)

Date:

Attach copies of both sides current insurance card

▪ Student Information

Last Name	Legal First & Middle Names	
	Nickname	
Birth date (Mo/Day/Year)	Age	θ Male θ Female
Home Address		
City, State, Zip		
Student Home Phone	Student Work Phone	Student Cell Phone

▪ Parent/Guardian Information

Mother/Guardian Name		
Home Address		
City, State, Zip		
Home Phone	Work Phone	Cell Phone
Father/Guardian Name		
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	
Insurance Co. Name	
Insurance Co. Address, City, State, Zip	
Insurance Co. Phone	
Policy #	Group #

▪ Student Medical History (*see alternative option below)

Drug Allergies

Food/Insect Bites/Other Allergies

Medical History of Student – √ if Yes

_____ Asthma
_____ Chronic Illness or Handicap
_____ Convulsions/Epilepsy
_____ Current Pregnancy
_____ Depression
_____ Diabetes
_____ Heart Defect
_____ High Blood Pressure
_____ Physical Restrictions
_____ Previous Surgeries
_____ Other

Under Doctor's Care? / Other History? Describe.

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

▪ 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: _____