

BAND MEMBER HEALTH FORM

Student Last Name: _____ Student First Name: _____

Age: _____ Sex: Male Female Height: _____ Weight: _____ Date of Birth: ____ / ____ / ____

Street Address: _____ City: _____ Zip: _____

Parent/Guardian #1: _____ Phone: _____

Parent/Guardian #2: _____ Phone: _____

Only parents or legal guardians are allowed to sign students out from away games and must be listed above. If you are not known by a chaperone or the Director, you will be required to show photo ID.

Home phone: _____ Email address: _____

Doctor name: _____ Doctor phone: _____

Doctor street address: _____ City: _____ Zip: _____

Preferred hospital: _____ Student allergies: _____

Current or recurring medical problems (list and describe): _____

Current medications (list names and dosages, including inhalers): _____

This health information is accurate and the person herein described has permission to engage in all Hayden High School Band activities except as noted on this form. In the event that I cannot be reached in an emergency, I hereby give permission to qualified medical personnel to administer proper treatment and to admit my child to the hospital if necessary. Personnel of the Blount County Board of Education, Hayden High School, or band chaperone group will not be held liable or responsible for injury or illness.

Parent Signature: _____ Date: _____

***** A FRONT AND BACK COPY OF THE STUDENT INSURANCE CARD IS REQUIRED *****