

# St. Amant High School Band Medical Form

Please complete the form below thoroughly and with great care. All information will be kept confidential, and will be used only in the care and treatment of your child, should the need arise. Please type or print neatly in **ink**.

## STUDENT INFORMATION

Last Name	First Name	Middle Name	
Home Phone Number	Date of Birth	Social Security Number	
Street Address	City	State	ZIP

## PARENT/GUARDIAN INFORMATION

Last Name	First Name	Middle Name
Father/Guardian Daytime Phone Number		
Mother/Guardian Daytime Phone Number		
Family Physician	Phone Number	
Physician's Address		

## PERSONAL HISTORY

Has your child had any of the following? If so, please give details below.

Allergies to food, drugs, other	_____	Ear disease, mastoid, etc.	_____
Anemia or other blood disease	_____	Epilepsy	_____
Arthritis	_____	Hay fever	_____
Diabetes	_____	Liver disease	_____
Meningitis	_____	Sinus disease	_____
Mononucleosis	_____	Skin disease	_____
Nervous or mental disorder	_____	Thyroid disease	_____
Pilonidal Cyst	_____	Tuberculosis	_____
Pneumatic Fever	_____	Ulcer or stomach trouble	_____
Rupture or Hernia	_____	Vertigo or fainting spells	_____
Diphtheria	_____	Other (please describe)	_____

Details of above:

---



---



---



---

Please answer the questions below. If any answers are yes, please explain below.

1. Has your child ever had a head injury, heat stroke, heat exhaustion, or heat cramps?  Yes  No
2. Has your child ever had a serious injury or operation?  Yes  No
3. Has your child ever had a tetanus shot?  Yes  No Date \_\_\_\_\_
4. Is your child currently under a physician's care for any illness or condition?  Yes  No (If yes, please give details below:)

\_\_\_\_\_  
\_\_\_\_\_

Please list any medication or treatment your child is currently taking. Include over-the-counter and prescription drugs. If student will be taking any medication (including over the counter medication) the medication release form must also be completed.

Medication/Treatment

Dosage

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Students who are currently on medication (including over-the-counter medication) must have a parent turn over the medication to the designated chaperone before leaving for any trip. All medications must be in the original container or packaging, and should have the student's name and dosage information clearly labeled. Students will not be allowed to possess or administer medications on their own unless the appropriate release has been completed and attached to this form. School board policy prohibits students from possessing or administering medication on their own without this release. (See school nurse for form.) All medication will be stored in a locked box in possession of the administrator. By signing this document, you will permit the designated chaperone to administer medication to your child.

**INSURANCE INFORMATION**

**NO CLAIM WILL BE PROCESSES UNLESS ALL INSTRUCTIONS ARE FOLLOWED AND THIS FORM IS COMPLETED IN FULL BY CLAIMANT - OR PARENT IF CLAIMANT IS A MINOR.**

Name of Father or Guardian \_\_\_\_\_ Social Security No. \_\_\_\_\_

Name of Mother or Guardian \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address of Parents or Guardians/or Claimant \_\_\_\_\_

Claimant's Insurance Company \_\_\_\_\_ Individual \_\_\_\_ Group \_\_\_\_

Claimant's Member Number \_\_\_\_\_ Claimant's Group Number \_\_\_\_\_

Address to which claim must be filed: \_\_\_\_\_

Phone number of insurance company \_\_\_\_\_

List other insurance policies under which claimant is insured:

	Policy Number	Individual	Group
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Authorization: In the event that a parent or guardian cannot be reached, I hereby authorize any physician or hospital to treat my child, \_\_\_\_\_, in the event that he/she requires treatment due to illness, emergency, or other medically necessary procedure. I also authorize any physician or hospital who has treated or attended the above claimant to furnish the insurance company or it representatives any information requested. A photocopy of this authorization is to be considered valid.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date