HIBBING HIGH SCHOOL MARCHING BAND

Student Information and Health History Form

IMPORTANT! The following information is needed for contacting you throughout the summer and school year for anything from band updates to medical emergencies involving your child. **For efficiency, and to avoid unnecessary calls or emails, please indicate preferred contact info with a (✳).**

STUDENT INFORMATION:

Name_____ Instrument_____
Last First

Address_____ Phone (H)_____ (Cell)_____
Street City, State Zip

Age_____ Birth date_____ Grade fall 2017_____ M or F_____

PARENT/GUARDIAN INFORMATION: *STAR(✳) PREFERED CONTACT INFO*

○Mother ○Father ○Legal Guardian	○Mother ○Father ○Legal Guardian
Name_____ Last First	Name_____ Last First
Address	Address
Phone (H) (W)	Phone (H) (W)
(C)	(C)
E-Mail	E-mail

EMERGENCY CONTACT IF UNABLE TO REACH THE ABOVE:

Name_____ Relationship to student _____
Address_____
Phone (H)_____ (W)_____ (C)_____

MEDICAL INFORMATION (More room on back):

Known ALLERGIES (Foods/Medications/Environmental/Bee stings*, etc)_____
_____
Type of reaction_____
Treatment (Medications, Inhalers, Epi-pen*, etc.)_____
Other health concerns (ASTHMA, Diabetes, epilepsy/seizures, heart murmur, fainting, bleeding tendencies, headaches, fractures, surgeries,etc.)_____
_____

MEDICATIONS and REASON for taking:

PRESCRIPTION

_____

"OVER-THE-COUNTER" meds that student my bring along (ex. Tylenol, Advil, Benadryl, Midol)____

_____

*If your child uses an **Epi-pen**, please indicate. It must be in our medical bag at every parade.

Physician_____ Clinic_____ Phone_____

AUTHORIZATION FOR EMERGENCY CARE:

We, the parents of _____, do hereby give the Hibbing Band Parent Organization and Hibbing Band Director permission to seek and obtain medical care for the above named student in case of emergency.

_____ _____
Parent or legal guardian signature Date

Person responsible for medical expenses_____
Insurance company_____ Policy and/or Group #_____