Sulphur Springs High School Band Medical Form

Student Name_____ Date of Birth(__/__/____)

Home Address_____ Phone # _____

City_____ State_____ ZIP_____

Student ID #_____ Student Social Security #_____

_____

Family Physician's Name_____

Address_____ Phone #_____

Medical Alert Information - (examples: medications, allergies to medication, asthma, diabetes, contacts, epilepsy, etc.....)

_____

Due to travel and extended rehearsals, the directors are authorized to treat your student with the <u>minimum dosage</u> of basic over-the-counter medicines such as Tylenol, ibuprofen, pepto-bismal, benadryl (allergy attacks), etc… Please list below any items they SHOULD NOT receive and initial indicating your approval.

_____ Parent's Initials _____

Emergency Contacts

Father_____ Mother_____ Other_____
Day Phone_____ Day Phone_____ Day Phone_____

Insurance Information

Insurance Company Name_____

Address_____

Phone # _____

Insurance Member_____

Insurance Member I.D.#_____

Group #_____

PPO #_____

If your insurance coverage requires (or if you prefer) a specific provider (clinic, Dr., HMO), please give us the provider's Name, Address, and Phone Number:

_____

By my signature below I authorize Sulphur Springs Independent School District representative to request emergency medical care for this student. I understand this serves as permission for all travel involving the Sulphur Springs High School Band and Jazz Band for the entire school year.

Parent's Signature_____ Date_____