

Timber Creek High School Band Student Medical Form

Student Name: _____ Date of Birth: _____

Emergency Contact (1): _____ Phone: _____

Emergency Contact (2): _____ Phone: _____

Doctor/Insurance Info

Student's Primary Care Physician: _____ Phone: _____

Insurance Provider: _____

Policy Number: _____ Member: _____

Insurance Company Phone: _____

Medical Information

Check all that apply to the student:

Glasses/Contacts Asthma Allergies-list below Medications-list below

List all known allergies, medications, special health conditions, restrictions and pertinent medical information here:

Medical Waiver

"I, _____, the parent/legal guardian of the student named above, hereby give my permission for the above named student to participate in all activities with the Timber Creek High School Band. I will not hold Timber Creek High School, the Timber Creek High School staff or volunteers responsible for any injuries or accidents that occur during any Timber Creek High School Band function. I give my permission for the Timber Creek High School Band staff to obtain emergency medical care for my child if I cannot be reached."

Signed: _____

Date: _____