

## SHO-ME BAND EMERGENCY HEALTH FORM

|                           |                     |                      |                |                        |     |
|---------------------------|---------------------|----------------------|----------------|------------------------|-----|
| Last Name                 | First Name          | MI                   | Age            | Date of Birth          | Sex |
| Street Address            |                     | City                 | State          | Zip                    |     |
| Telephone Number          |                     | Cell Phone (Student) |                | Social Security Number |     |
| Name of Father (Guardian) | Place of Employment | Occupation           | Work Phone No. | Father's Cell Phone    |     |
| Name of Mother (Guardian) | Place of Employment | Occupation           | Work Phone No. | Mother's Cell Phone    |     |

### MEDICAL INFORMATION:

|                     |                     |                              |
|---------------------|---------------------|------------------------------|
| Student's Physician | Office Phone Number | Home Phone Number (if known) |
| Type of Insurance   | Company             | Policy Number                |

Date of Last Tetanus Shot: \_\_\_\_\_

Do you have any allergies, special health needs, or require medical care of any type? Yes No

If so, please explain:

Any student taking prescription drugs must submit to the nurse and/or band director in writing the following information prior to departure:

1. Descriptive name, dosage, and schedule of medication.
2. Name and phone number of doctor prescribing medication.
3. Explain reason for taking medication.

| Name of Medicine | Dosage Needed | How often is medicine taken | Reason | Doctor Prescribing Medicine | Phone # |
|------------------|---------------|-----------------------------|--------|-----------------------------|---------|
|                  |               |                             |        |                             |         |

I understand and authorize that in the event of an emergency or medical problem, a faculty member, a school administrator, and/or the accompanying nurse are empowered to make a decision regarding hospitalization and retention of a medical doctor.

\_\_\_\_\_  
Signature of Parent/Guardian                      Date

\_\_\_\_\_  
Signature of Witness

### EMERGENCY MEDICAL TREATMENT CONSENT FOR MINORS

I hereby authorize the emergency treatment, administration of anesthesia, and surgical treatment for my minor child \_\_\_\_\_ in the event of an emergency medical situation occurring during my absence or when hospital/medical authorities are unable to contact me. I release from responsibility and liability hospital/medical authorities for performing medical procedures deemed necessary during my absence.

\_\_\_\_\_  
Signature of Parent/Guardian                      Date

\_\_\_\_\_  
Signature of Witness