

**STUDENT MEDICAL INFORMATION FORM
CARLISLE HIGH SCHOOL BAND**

Student Name _____ Date _____
Sex _____ Age _____ Date of birth _____ Grade _____
Home Phone _____ Cell Phone _____

Home Address: _____
Street _____

City, State, Zip Code _____

Area Code/Phone Number _____

Father's Full Name _____
Work Phone _____ Hours _____
Cell Phone _____

Mother's Full Name _____
Work Phone _____ Hours _____
Cell Phone _____

Stepparent/Guardian's Full Name _____
Work Phone _____ Hours _____
Cell Phone _____

Is the student currently under medical treatment? YES NO (Circle one)

If yes, given the nature of the treatment and the doctor's name and phone number:

Is the student currently taking any medication? YES NO (Circle one)

If yes, give the name of the medication, reason it is given, doctor's name and phone number:

List any special health needs of which the school nurse or medical personnel should be made aware (allergies, diabetes, heart condition, food allergies, etc.)

Is your child allergic to: _____ Pets _____ Cigarette/Pipe Smoke _____ Food (list specific foods on the line above)

Date of last tetanus shot: _____

Name of health insurance: _____

Address

Phone

Name of Guarantor: _____

Name of Employer (if group insurance) _____

Address _____ Phone _____ Group# _____

CARLISLE HIGH SCHOOL BAND

FIRST AID/EMERGENCY TREATMENT AUTHORIZATION

If the band director or head chaperone cannot contact either parent/guardian, please list two relatives or friends who would have the authority to advise us regarding your child:

Name: _____ Relationship to Child: _____

Address: _____ Phone: _____

Name: _____ Relationship to Child: _____

Address: _____ Phone: _____

If none of the above can be reached by phone, WHAT DO YOU WISH THE BAND DIRECTOR OR HEAD CHAPERONE TO DO in case the child is sick or injured?

If EMERGENCY TREATMENT is required, may the band director, head chaperone or their designee use their own judgment in sending the child to a hospital or doctor most easily accessible before the parent/guardian can be reached?

YES NO

If NO, name preferred hospital _____

preferred doctor _____

It is understood that in the final disposition of an emergency case, the judgment of the band director, head chaperone or their designee will prevail. The recommendation of the parent/guardian, as indicated above, will be respected as far as possible. If at any time the above information must be changed, I will notify the band director in writing. It is understood and agreed that the child and his/her parent/guardian shall hold harmless the Carlisle Area School District, band director, head chaperone, or designee from any lawsuits, claims, demands, expenses or costs arising out of the administration of or failure to administer first aid or emergency treatment to the child while participating in CHS band sponsored activities, practice sessions and performances.

Signature of parent or guardian Date

The head chaperone has my permission to administer (circle as allowed): Tylenol, Ibuprofen, Pepto-Bismol, Other (be specific) _____ to my son/daughter.

Signature of Parent or Guardian Date

Do you grant permission to have this medical form provided to medical personnel and/or nurse on call?

____ Yes ____ No

PARENT/GUARDIAN SIGNATURE

STUDENT SIGNATURE