

Long Reach Music Department Medical Form

Date: _____

Student's full name: _____
Last First Middle (Nickname)

Grade: _____ Sex: M or F DOB: _____

Parent or Legal Guardian: _____
Last First M.I.

Present Address: _____

Home Phone: (____) _____ Phone where parent or guardian can be reached
Day (____) _____ Night (____) _____

Relative or other Responsible Party: Name: _____

Relationship to student: _____ Telephone No. (____) _____

Health History:

Serious Medical Problems, Past or Present: _____

Asthma: _____ Last Tetanus Shot Date: _____

Diabetes: _____ Medical Allergies/Reactions: _____

Epilepsy: _____ _____

Heart Problems or Heart Murmur: _____ Other Allergies and Reaction: _____

List any operations within the last year: _____

Student's Physician: _____ Physician's Phone (____) _____

Insurance Company: _____

ID# _____ Agreement Group # _____

I, _____, hereby give any of the following representatives of the Long Reach HS Music Department, Bill String, Leigh String, or Sven Eric Radhe my permission to admit and authorize treatment for my son/daughter, _____, at a hospital/medical facility for any medical or surgical emergency during the 2008 Long Reach High School Marching Band season. To the best of my knowledge the above information is accurate.

Signature of Parent/Guardian: _____