

Email (for Charms Account): \_\_\_\_\_

## HUNTSVILLE HIGH SCHOOL BAND

Medical Consent Form Year: 2023-24

Name of Student: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_

Fathers Name: \_\_\_\_\_ Home # \_\_\_\_\_ Work# \_\_\_\_\_

Designate two adults to be contacted if a parent or guardian cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Student's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Provide the following information on at least one hospital/medical insurance:

Name of Company: \_\_\_\_\_ Insured Name: \_\_\_\_\_

Group/Member No: \_\_\_\_\_ Policy No: \_\_\_\_\_

Contact Lenses? Yes \_\_\_ No \_\_\_

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

Does student have any known medical problems or allergies?

If yes, list:

Does student take any medications on a regular basis?

If yes, list:

Is student allergic to any medications?

If yes, list:

Any other special instructions for care to be given student?

NEITHER HUNTSVILLE HIGH SCHOOL NOR HUNTSVILLE HIGH BAND PARENTS, EITHER INDIVIDUALLY OR COLLECTIVELY, ASSUMES ANY LEGAL RESPONSIBILITY FOR ANY ACCIDENTS OCCURRING WHILE STUDENTS ARE PARTICIPATING IN SCHOOL SPONSORED ACTIVITIES.

I hereby give my permission for the above named student to participate in Huntsville High Band Activities for school year \_\_\_\_\_.

Yes \_\_\_ No \_\_\_

I further give permission for the student to be taken to the nearest clinic or emergency room for treatment by a licensed physician.

Yes \_\_\_ No \_\_\_

Signature of Parent or Legal Guardian:

\_\_\_\_\_ Date: \_\_\_\_\_