

Student Phone Number (for CutTime): _____

HUNTSVILLE HIGH SCHOOL BAND

Medical Consent Form Year: 2024-25

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 to 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: _____