

John Philip Sousa Jr. Honor Band – MIDWEST Ozark Region

April 29-30, and May 1, 2010
Harrison High School
925 Goblin Dr,
Harrison, AR. 72601

MEDICAL FORM

PLEASE PRINT CLEARLY OR TYPE THE FOLLOWING INFORMATION:

Student Name: _____ Gender: ____ Age: ____ School: _____

Parent/Guardian 1 Information: Parent/Guardian 2 Information: (if applicable)

Name: _____ Name: _____

Address: _____ Address: _____

Home Phone: (____) _____ Home Phone: (____) _____
Cell Phone: (____) _____ Cell Phone: (____) _____
E-mail: _____ E-mail: _____

Place of Business: _____ Place of Business: _____
Work Phone: (____) _____ Work Phone: (____) _____

Emergency Contacts: (in the event parents/guardians cannot be reached)

Name: _____ Phone: (____) _____
Name: _____ Phone: (____) _____

HEALTH HISTORY: (Use the back of this form for more room, if necessary)

1. Please explain any health problems (heart, lung, kidney, bleeding, fainting, blackouts/convulsions, diabetes, asthma, bronchitis, epilepsy or other).
2. List any allergies (bee, medications, food, etc.), as well as all special dietary needs (vegetarian, kosher, etc.).
3. Is there any illness for which this student is currently receiving treatment and/or medication? YES ____ NO ____
If yes, please describe treatment and list medication below:

Date – Last Tetanus Shot: _____ Date – Last MMR: _____
Family Doctor/Health Center: _____ Phone: (____) _____
Insurance Info:
Company Name: _____ Type: _____ Policy #: _____

IN CASE OF MEDICAL EMERGENCY:

I hereby give permission to transport the student named above to an emergency facility or hospital. I also give permission to the physician selected by the Host Chairpersons of the John Philip Sousa National Honor Bands - Midwest Ozark Region or designee, to hospitalize and secure proper treatment for said individual.

All medications will be turned over to the Host Chairpersons of the John Philip Sousa National Honor Bands – Midwest Ozark Region, or designee, and dispensed according to doctor's orders.

NO STUDENT WILL BE ALLOWED TO PARTICIPATE IN THIS BAND FESTIVAL WITHOUT THIS FORM PROPERLY FILLED OUT.

Parent/Guardian Signature: _____ Date: _____