

CENTRAL HARDIN HIGH SCHOOL MARCHING BAND EMERGENCY INFORMATION

PLEASE PRINT CLEARLY

Date _____

Student's Name _____ Birthdate _____ Age _____

Parent/Guardian Name _____ Relationship _____

Address _____ Home phone number _____

Other phone numbers _____

In an emergency, if the parents cannot be contacted, please notify:

_____ at _____
(name) (phone number)

Family doctor's name _____ Doctor's phone number _____

Preferred Hospital _____ Known allergies _____

Yes _____ No _____ A band director or designated parent(s) may apply First Aid treatment until the family doctor can be contacted.
We give our consent for the coaches, trainers and team physician to use their own judgment in securing medical aid and ambulance service in the event that the parents cannot be reached.

Insurance Company _____ Policy/Card I.D. Number _____
Group # _____

Health History

	<u>Yes</u>	<u>No</u>
Kidney Injury	_____	_____
Heart Condition or Disease	_____	_____
Diabetes	_____	_____
Asthma	_____	_____
While marching, does your child wear:		
Orthodontic devises?	_____	_____
Glasses?	_____	_____
Contact Lenses?	_____	_____

Date of last Tetanus shot

List any medications
your child is allergic to:

1. I, _____ for _____ hereby voluntarily consent to such care at a hospital, and such diagnosis procedures and medical treatment by the attending physician in the emergency department.
(parent's name) (student's name)
2. I hereby agree to hold the staff of Central Hardin High School and the Hardin County Board of Education harmless from any liability resulting from any of the said medical treatment.
3. I further hereby authorize any member of the Central Hardin High School Band/Athletic Department to sign any and all necessary releases, documents, or authorizations for _____ to receive any and all necessary emergency medical treatment.
(student's name)

Parent's/Guardian's signature

Date