

Last Name _____

Today's Date: _____

Year of Graduation _____

**Community High School District 99 South
Fine Arts Department – Marching Mustangs**

MEDICAL INFORMATION & RELEASE FORM

NAME OF PARTICIPANT _____ PHONE # _____

NAME OF PARENTS/GUARDIANS _____

ADDRESS _____
(number) (street) (city) (zip)

PARENTS WORK # _____ #2 _____

PARENTS CELL OR PAGER # _____ #2 _____

PARENT EMAIL ADDRESS _____ STUDENT EMAIL _____

FAMILY PHYSICIAN _____ PHONE # _____

ADDRESS _____

EMERGENCY CONTACT PERSON _____ PHONE # _____

RELATIONSHIP TO STUDENT _____

PARENT AND/OR STUDENT INSURANCE COMPANY _____

POLICY ID# _____ GROUP ID # _____

NAME OF INSURED _____ INSURED ID # _____

ALLERGIES: (bee stings, etc.) _____

Medication: _____

CHRONIC CONDITIONS: (diabetes, epilepsy, etc) _____

Medication: _____

Please make sure both sides are completed and returned to the band mailbox by April 10, 2018

FOODS: Are there any foods he/she MUST have? _____

Are there any foods he/she MUST NOT have? _____

MEDICATION(S): Are there any medicines which he/she must take? If so, which medicine(s) and for what reason?

SHOTS: When did he/she last have a tetanus shot? _____

ANY OTHER INFORMATION WHICH THE DIRECTORS SHOULD KNOW PERTAINING TO THE HEALTH OF YOUR STUDENT?

THE PURPOSE OF THIS FORM is to provide accurate and quality emergency care for your student. It is the intention of the band staff to contact parents in case of emergency. In the event of an injury that requires immediate care, the staff will contact an ambulance, and then the parents and/or guardians, or the emergency contact person.

I, _____ PARENT and/or GUARDIAN of _____

do give permission for the band staff of Downers Grove South High School to seek emergency care for my student in case of injury. I understand that the staff will contact me immediately if my student is ill.

SIGNATURE of parent and/or guardian _____

Date _____

**** A PHOTOCOPY OF THE STUDENT and/or FAMILY INSURANCE CARD (front & back) MUST ACCOMPANY THIS FORM. ****

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