Attach a copy of both sides of your **medical card** to this form.

Student's Name _____

Richland County High School

Band Medical Information Form

I give permission for my child to receive emergency medical treatment in case of illness or injury. In the event of a serious situation, I authorize Faculty, Staff, and Medical Professionals to act in my child's best interest to determine the appropriate course of action to be taken. I authorize these individuals to seek any required medical treatment for my child in case of an emergency. I understand that attempts will be made to notify me (parent/guardian) of the situation, and that I am responsible for medical expenses if necessitated.

_____ _____

Parent or Guardian Signature *Insurance Company*

_____ _____

Date *Policy Number*

EMERGENCY NUMBERS: _____ _____

_____ _____

_____ _____

Phone Number *Relationship*

List medications child takes on a regular or recurring basis:

Does child have any environmental allergies or allergies to medications? If so, please list allergies.

Does child have any chronic condition that may require immediate or regular attention? If so, please name condition, describe severity and/or frequency of occurrence, and detail general recommended course of action. (You may write on the back of this form and attach documents if necessary.)

Physical restrictions (if any) that child has::

Keep music department staff informed of changes in child's health status over the course of the year.

Please attach a copy of both sides of your medical card to this form.