

**2016-2017 Clayton Valley Charter High School Marching Band**  
**Student Medical & Health Form**

**IMPORTANT! PLEASE READ:** This form must be turned in on the first day of Band Camp. This Medical / Health form will be kept in a secure place at all times so that staff can access it in case of a medical emergency involving your child. Make sure ALL blanks are completed. If an item does not apply to your child, please put NA in the blank to insure accurate information. **Incomplete forms can not be accepted. Please make sure that the primary and secondary contact is someone who can be contacted at anytime while your child is participating in a band activity.**

Student's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Sex: \_\_\_\_\_ Grade: \_\_\_\_\_ (Starting in Fall 2016). Instrument: \_\_\_\_\_

**Primary Emergency Contact\*** \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell or Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Secondary Emergency Contact\*** \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell or Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*\*The Primary and Secondary contact must be able to be reached at anytime when the student is participating in a band activity if the student's parent/guardian are not in attendance.*

**Responsible Party (in case a hospitalization is required):** \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address & Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell or Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Health History**

1. Operations (within the last year) \_\_\_\_\_

2. Individual Health Concerns (Hyperventilation, fainting, seizures, etc.) \_\_\_\_\_

3. Tetanus (Date of last injection): \_\_\_\_\_

4. Student's Blood Type: \_\_\_\_\_

5. Does the student have, or ever have had, any of the following?  
Rheumatic Fever: \_\_\_\_\_ Diabetes: \_\_\_\_\_ Epilepsy: \_\_\_\_\_ Asthma: \_\_\_\_\_ Seizures: \_\_\_\_\_ Allergic reactions to stings: \_\_\_\_\_

6. Allergies (FOOD, medications, bee stings\*, latex products, etc.). PLEASE LIST ALL: \_\_\_\_\_

*\*Note: Bee stings are common at band activities. If your student uses an Epi-pen, please provide one to be kept in the medical kit throughout the season.*

7. List ANY medications the student is or will be taking during the marching season.  
\_\_\_\_\_  
\_\_\_\_\_

8. Is the student presently under the care of a physician for any reasons? \_\_\_\_\_

9. Medical Exemptions (Blood transfusions, etc.) \_\_\_\_\_

10. Student's Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_ Hospital \_\_\_\_\_

**LIMITED POWER OF ATTORNEY**

In the event that a serious emergency arises, it may be necessary for a physician to attend to your child before the staff can reach you or your designated physician. Such emergency care can be provided only if you sign the following **Authorization to Provide Medical Treatment**. (All information below is required for emergency treatment of your child).

**AUTHORIZATION TO PROVIDE MEDICAL TREATMENT**

I hereby give the band director or chaperone in charge of my son / daughter limited power of attorney to act in my absence and see that \_\_\_\_\_ **(student's name)** receives whatever medical treatment is necessary in the event of an emergency.

Family Insurance Company \_\_\_\_\_ Phone # \_\_\_\_\_ Policy # \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_