

# Sullivan South High School Band Student Information and Medical Form

Marching Band: \_\_\_\_\_  
Color Guard: \_\_\_\_\_  
Concert Band: \_\_\_\_\_  
(check all that apply)

School Year: 2008-2009

Student's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Grade: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Father/Legal Guardian: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
(if different from student or write "same")  
Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_

Mother/Legal Guardian: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
(if different from student or write "same")  
Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_

**If Parent or Guardian can not be reached, contact the following:**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_

Current Doctor: \_\_\_\_\_  
Medical Insurance Carrier: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

Phone: \_\_\_\_\_  
Phone: \_\_\_\_\_

Current Dentist: \_\_\_\_\_  
Dental Insurance Carrier: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

Phone: \_\_\_\_\_  
Phone: \_\_\_\_\_

Medical Problems: (Be sure to list all allergies including drugs, insect bites, plants, foods, etc. )

---

---

---

---

---

If any medical problems, list current medication and dosage:

---

---

---

If your student complains of pain, headache, stomachache, diarrhea, etc. and asks for over-the-counter medication, they will be given the manufacturer's recommended dosage of the following medications by the band director (or other adult leader with the band) unless you indicate that you do NOT want them to receive the medication by circling that item. Medicines are listed as popular Brand name / generic name. **Circle the medication(s) below that you DO NOT want your student to receive!**

**My student may have any of the following over-the-counter medications EXCEPT:**

- |         |          |              |
|---------|----------|--------------|
| Tylenol | Advil    | Pepto Bismol |
| Imodium | Benadryl | Dramamine    |

Date of Last Tetanus Shot: \_\_\_\_\_

Date of Last Medical Exam: \_\_\_\_\_

I hereby give my permission for: \_\_\_\_\_  
(name of student)

to travel with the Sullivan South High School Band during the School year 2008 - 2009. In case of emergency, I do hereby authorize the physician selected by the band director (or other adult leader with the band) to secure proper treatment, hospitalize, and order necessary medication, injections, anesthesia, or surgery for my son/daughter named above. I understand that in such an emergency, I would be contacted as soon as possible. I have listed on this paper any medical problems that the band director needs to be aware of and that information is true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Parent / Legal Guardian

**Medication Dispensed:**

Date, Time:	Medication Given:	Initials of Provider:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____