

RCHS Band Medical Form

Student Information

Full Name: _____ D.O.B.: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Additional Phone No (s): _____

Parent/Guardian Name(s): _____

Parent/Guardian Phone: _____

Additional Phone: _____

Medical Information

Students MUST provide a copy of their CURRENT insurance/medical card

Physician: _____ Phone No.: _____

Insurance Co.: _____ Policy No.: _____

Do you take prescription medicines daily? YES NO If yes, what? _____

Dosage: _____

Do you have any medical conditions we need to be aware of? YES NO

If yes, explain: _____

Emergency Contact

Full Name: _____ Relationship: _____
Last First

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Disclaimer and Signature

I do hereby recognize that any and all information provided here is correct to the best of my knowledge. By signing this form, I give permission for my child to participate in band at RCHS and give permission for Band Booster executives, the band director or any other adults in charge of activities related to band to seek emergency medical attention for my child if necessary until I can provide such permission myself. I will NOT hold anyone responsible for seeking emergency medical attention for my child while I am not present.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____