

**Camp Hill High School Band
MEDICAL INFORMATION**

Student's Name _____ Birthdate _____

Address _____

Phone _____ Cell _____

Business Phone _____ Parent Guardian Email _____

Name and number of person that can be called if parents cannot be reached:

Name of insurance company, address, and policy and telephone number _____

Please list any medical condition and/or daily medication.

Allergies _____

Do we have permission to administer Tylenol or Advil? _____

Has your child had a tetanus shot within the last 6 years? _____

I give permission to the physician or hospital to secure proper treatment for and to order medications, injections, anesthesia, or surgery for my child as named above. Every attempt will be made to first notify the above listed parent/ guardian or contact party.

Signature of Parent or Guardian

Date

The form on the reverse side is giving us permission to administer medication to your child if needed (i.e. Ritalin on a Saturday).

If your child needs to carry an inhaler, we would be glad to carry an extra one in the medicine kit...please label it.

