TCHS BAND MEDICAL & TRIP AUTHORIZATION FORM 2011 - 2012

Home phone ____________

Date ____________ Student's Name ______________________ Grade _____ Homeroom ________

Student's Social Security Number ______________ Student's Date of Birth ______________

Street Address:

Street ______________________ City ____________ Zip Code ________

Mailing Address if Different:

Street or P.O. Box ______________________ City ____________ Zip Code ________

Parent/Guardian Information

Father/Male Guardian's Name ______________ Work Phone __________ Business Name ______________

Other Phone Numbers, Pager, Cell Phone, etc. ______________________

Mother/Female Guardian's Name ______________ Work Phone __________ Business Name ______________

Other Phone Numbers, Pager, Cell Phone, etc. ______________________

Other adults who can be contacted if your child becomes ill and we are unable to reach you at your home or work:

Name ______________ Home Phone __________ Work Phone __________

Name ______________ Home Phone __________ Work Phone __________

Name ______________ Home Phone __________ Work Phone __________

My Child's Doctor is ______________ Medicaid ❒ yes ❒ No Number __________

Insurance Provider ______________________ Number __________

Medical Information:

Condition	Currently Being Treated Y or N	Medication for Condition	Condition	Currently Being Treated Y or N	Medication for Condition
❒ ADHD			❒ Tourette's		
❒ Epilepsy/seizures			❒ Cerebral Palsy		
❒ Asthma			❒ Muscular Dystrophy		
❒ Diabetes			❒ Cancer		
❒ Heart Condition			❒ Sickle Cell		
❒ Kidney/bladder			❒ Bleeding Disorder		
❒ Headaches			❒ Psychiatric Condition		
❒ Other, please specify					

Allergies to Medications: ❒ Yes ❒ No Specify Medication Name(s): ______________

Allergic Reaction to bee stings, ant bites, food: ❒ Yes ❒ No Specify: ______________

Can you provide medical documentation of the above? ❒ Yes ❒ No

Pollen and Other Allergies: ❒ Yes ❒ No Specify allergy and medications: ______________

Students will not be allowed to attend band functions without this signed document.

This health history is correct, so far as I know, and the student herein described has permission to engage in all band trip activities for the 2011 – 2012 school year except as noted by me in writing. In the event I cannot be reached in an emergency, I hereby give permission to Dominic L. Madison known as the Director of Bands for Treasure Coast High School, the authority & responsibility to care and govern my child/ward as named on this document and to act in my place as parent/guardian for said child and exercise such duties and responsibilities, as I myself would discharge, including, but not limited to the authority to seek and approve appropriate medical treatment. This Authority shall hold from (date) July 2011 to (date) the last day of June 2012 during all Treasure Coast High School Band events. This shall include the time needed to travel to and from said event. I assume all financial and legal responsibility for emergency medical treatment.

______________________________ ________/________/________

Parent / Guardian Signature Date