

2023 STUDENT MEDICAL INFORMATION FORM

BASIC STUDENT INFORMATION

Student Name: _____ Grade: _____

Sex: _____ Age: _____ Date of Birth: ____/____/____

Home Address: _____
Street

City, State, Zip Code

Student Cell Phone Number: ____-____-____

Parent/Guardian #1's Full Name: _____

Work Phone: ____-____-____ Cell Phone: ____-____-____

Parent/ Guardian #2's Full Name: _____

Work Phone: ____-____-____ Cell Phone: ____-____-____

Step-Parent/ Guardian's Full Name: _____

Work Phone: ____-____-____ Cell Phone: ____-____-____

CURRENT MEDICAL INFORMATION

Is the student currently under medical treatment? YES NO

If yes, what is the nature of the treatment and the doctor's name and phone number?

Is the student currently taking any medication? YES NO

If yes, please list. _____

List any special health needs of which the school nurse or medical personnel should be made aware (allergies, diabetes, heart condition, food allergies, etc.)

If your child has allergies, do they carry an epi-pen? YES NO

Date of last tetanus shot: _____

HEALTH INSURANCE INFORMATION

Health Insurance Provider's Name: _____

Address: _____ Phone: _____ - _____ - _____

Policy/ Certificate #: _____ Group #: _____

Name Insured/ Policyholder: _____

FIRST AID/ EMERGENCY TREATMENT AUTHORIZATION

If a parent/ guardian cannot be contacted, please list two emergency contacts who would have the authority to advise the band staff regarding treatment/ care for your child.

Name: _____ Relationship to Child: _____

Address: _____ Phone: _____ - _____ - _____

Name: _____ Relationship to Child: _____

Address: _____ Phone: _____ - _____ - _____

If EMERGENCY TREATMENT is required, school authorities, festival hosts, or designees will use their own judgment in sending the child to a hospital or doctor most easily accessible before the parent/ guardian can be reached.

It is understood that the final disposition of an emergency case, the judgment of the school authorities will prevail. The recommendation of the parent/guardian, as indicated above, will be respected as far as possible. If, at any time, the above information must be changed, I will notify my child's director in writing. It is understood and agreed that the child and his/her/their guardian shall hold harmless the Baldwin-Whitehall School District, its employees and representatives, the Baldwin Highlander Music Patrons, and its volunteers and representatives, from any and all lawsuits, claims, demands, expenses, or costs arising out of the administration of or failure to administer first aid or emergency treatment to the child while in attendance at district sponsored events, including rehearsal sessions.

In signing below, I acknowledge that my child's medical information may be shared, on a need-to-know basis, with Baldwin-Whitehall School District staff, volunteers, and chaperones.

The undersigned hereby also acknowledges that they fully understand the nature and extent of the risk related to the COVID-19 virus and agree that by participating in this event, they do so at their own risk.

The undersigned expressly acknowledges the following:

- Infection by COVID-19 can result in death;
- COVID-19 is highly contagious;
- The risk of infection and transmission are higher in indoor facilities; there are no safety precautions that totally eliminate the risk of contracting COVID-19; and
- Individuals with various underlying medical conditions may experience worse outcomes.

Signature of Parent/ Guardian

_____/_____/_____
Date