

**2020 Baldwin Highlander Marching Band**  
**STUDENT MEDICAL INFORMATION FORM**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City, State, Zip Code

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: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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.) \_\_\_\_\_

\_\_\_\_\_

Does your child have allergies?      YES      NO

If yes, please list. \_\_\_\_\_

\_\_\_\_\_

If yes, do any have these allergies cause an anaphylactic reaction?      YES      NO

Date of last tetanus shot: \_\_\_\_\_

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 judgement in sending the child to a hospital or doctor most easily accessible before the parent/ guardian can be reached.

Name of preferred hospital: \_\_\_\_\_

Name of preferred doctor: \_\_\_\_\_

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.

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date