

HEALTH INFORMATION FORM
The Central District Middle School Band Clinic 2018

Students: Fill this form out, and give to your band director.

Directors: Bring this form to the clinic and turn in at Registration.

Student's Last Name	Student's First Name	Circle one
		Symphonic/ Concert
Date of Birth __/__/__	Age _____	Instrument _____

School Name	Director Name	
		Grade ____

Parent's Last Name	Cell phone	Work phone

Emergency contact name	Cell phone	Work phone

Policy Name	Policy number
Medical issues:	Allergies:

Authorization for Treatment:

I, _____ (parent/guardian) of _____
 (student) hereby authorize any necessary medical treatment needed in my absence. The undersigned will be responsible for any charges incurred for medical treatment under this authorization.

 (parent signature)

 Date