

# HEALTH INFORMATION FORM

The Central District High School Band Clinic will take place on January 31 - February 1, 2020 at Page High School. Please fill out this form with the pertinent information regarding the medical status of your child.

Student Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Mobile Number \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Medications the student is taking \_\_\_\_\_

\_\_\_\_\_

Allergies \_\_\_\_\_

\_\_\_\_\_

Specific Health Concerns/considerations \_\_\_\_\_

\_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

## 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/Guardian Signature)

\_\_\_\_\_  
(Date)