

Plainwell High School Instrumental Music Department Medical Information and Release Form

Student's Name _____
last first middle

Sex _____ Date of Birth _____ / _____ / _____
MonthDay Year

Name of Parent/Guardian _____

Home Phone _____ Cell Phone _____

Home Address _____

Business Phones _____ / _____

Emergency Contact _____
Father Mother
Name Address Phone

Parent/Guardian Insurance

Company Name _____

Policy Number _____

Indicate any problems you now have or have had with the following: (Use back of this form for explanations.)

- | | | |
|---|--|--|
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Heart Palpitations |
| <input type="checkbox"/> Dizziness, Fainting | <input type="checkbox"/> Kidney, Urinary | <input type="checkbox"/> Frequent Colds |
| <input type="checkbox"/> Ear, Eye, Nose, Throat | <input type="checkbox"/> Asthma, Bronchitis | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Stomach Trouble | <input type="checkbox"/> Jaundice, Hepatitis | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Bee Sting Allergy | <input type="checkbox"/> Food Allergies* | <input type="checkbox"/> Medication Allergies* |

*Specify allergies _____

If you are currently taking any medications, please indicate here _____

Family Physician _____

Phone _____

Alternate Physician _____

Phone _____

NOTICE: By law, a parent cannot consent in advance to any and all manners of emergency care. It is understandable that in cases other than the need for immediate emergency treatment, the attending physician may defer treatment pending the parent's express permission to administer specific professional services.

IN AN EMERGENCY, THE SCHOOL HAS MY PERMISSION TO CALL MY FAMILY PHYSICIAN, OR ANOTHER PHYSICIAN IF MY FAMILY PHYSICIAN OR I CANNOT BE CONTACTED.

Signature of Parent/Guardian _____ Date _____

ALL INFORMATION PROVIDED WILL BE TREATED AS CONFIDENTIAL

Plainwell School Board Policy #5341 f1: Whenever my child is involved in a school activity and I am unavailable or otherwise unable to provide authorization directly, I grant to the school principal or his/her designee the authority to act for me and to provide any required consents and authorization for the delivery of emergency medical care, diagnoses, and treatment, including surgical intervention, if necessary, on behalf of my minor child listed above and to do all other necessary things as I might or could do to provide for the child's health and safety, if I were present. This authorization is valid for the current school year or until such time as I withdraw the authorization.