

Permission & Medical Information Form

(Please print or type)

_____ has my permission to attend all rehearsals and trips, including, but not limited to football games and/or individual tryouts/festivals as part of the 2018-19 SAHS Band. I agree to abide by the rules and procedures outlined by SAHS and Band.

Student's full name: _____ Date of Birth: ____/____/____ Grade: _____

Address: _____ Home Phone: _____

Parent/Guardian's full name: _____

Relationship to Student: _____ Work Phone: _____ Cell Phone: _____

Insurance Company: _____ 2nd Insurance Company: _____

Group #: _____ Group #: _____

Member #: _____ Member #: _____

In the event contact is deemed necessary and you cannot be reached, please list an appropriate contact person.

Name: _____ Relationship to Student: _____ Phone: _____

Physical & Medical History - Does your child have any of the following?

Fainting Spells ☐ yes ☐ no Diabetes ☐ yes ☐ no Heart Disorder ☐ yes ☐ no

Car Sickness ☐ yes ☐ no Seizure ☐ yes ☐ no Asthma ☐ yes ☐ no

Headaches ☐ yes ☐ no Contact Lenses ☐ yes ☐ no Orthodontic Appliances ☐ yes ☐ no

Allergies to: Food ☐ yes ☐ no Insect Stings ☐ yes ☐ no Medicine ☐ yes ☐ no

Please explain any allergies indicated above: _____

Any other conditions that should be known in the treatment of your child? (please use back if necessary) ☐ none

Date of last Tetanus Shot: ____/____/____ 3. Date of any medical testing in the past year: ____/____/____ ☐ none
(i.e. CAT Scan, MRI, Nuclear Medicine)

Medications currently taking: _____ ☐ none

In the event that my child needs medical treatment while on a trip with the Selinsgrove Area High School Band, I hereby request and authorize the physicians or nurses in attendance to perform all diagnostic studies and all medical treatments which might be deemed advisable for the best interest of my child. I understand this form will be in the possession of the Director or a Band Booster officer during trips.

I understand that should a major illness, injury, hospitalization, consultation, or surgery be required, effort will be made to contact me, or the person(s) designated above, prior to proceeding. If such efforts are not successful and I cannot be reached, I grant permission for those physicians in attendance to proceed with that which in their judgment is in the best interest of my child.

I agree to accept the risks and any complications which may result and hereby release the Selinsgrove Area High School, Selinsgrove Area High School Band, its director, chaperones, SAHS Band Boosters, and those physicians and nurses in attendance.

Parent/Guardian Signature: _____ Date: ____/____/____

Student Signature: _____ Date: ____/____/____

E-mail: (student) _____ (parent) _____