

Medical Information

Student Name		
Street Address		
City	State	Zip Code
Student Phone Number		
Mother/Guardian(s) Name		Father/Guardian(s) Name
Cell Phone		Cell Phone
Work Phone		Work Phone

Brief Medical History:

Medications Currently Taking (please include dosage)
Allergies or Other Medical Problems

Optional Information:

Insurance Company	Policy Number
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Agreement of Terms: For the student listed above, I have provided the correct information and give permission to the Grimsley High School Band Boosters and/or Band Director to treat my child in case of an emergency. Additionally, I grant permission to give my insurance information to Emergency Medical Personnel. In case of any conflicts that may occur during treatment, I do not hold Grimsley High School, Grimsley Band Boosters, or the Grimsley Band Director responsible.

Parent/Guardian Signature	Date
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