

NORTH FARMINGTON HIGH SCHOOL MEDICAL INFORMATION AND RELEASE FORM

NAME: (LAST) _____ (FIRST) _____ (M.I.) _____
HOME PHONE (_____) _____ - _____ CELL PHONE (_____) _____ - _____

ADDRESS: _____ CITY: _____
ZIP: _____

STUDENT AGE: _____ HEIGHT: _____ ft _____ inches WEIGHT: _____ lbs

MEDICAL INSURANCE? YES [Ye NO

INSURANCE COMPANY: _____

POLICY NUMBER: _____

LIST ANY HEALTH, BEHAVIORAL, OR EMOTIONAL PROBLEMS THE STUDENT HAS, INCLUDING CURRENT INFECTIOUS DISEASE AND ALLERGIES:

LIST CURRENT MEDICATIONS AND/OR TREATMENTS: _____

ARE THIS STUDENT'S IMMUNIZATIONS CURRENT? YES YES NO

LIMITATIONS OF ACTIVITIES:

FAMILY PHYSICIAN (Please Print) _____ PHONE: (_____) _____ - _____

We hereby give permission to the medical personnel selected by the camp director to order any routine and emergency medical treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary transportation for my child while participating with the North Farmington High School Band. It is further warranted that if this agreement is signed by one of two parents or guardians, it is with the authority of the other. This health history is complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted.

1. PARENT/GUARDIAN NAME (LAST) _____ (FIRST) _____ (M.I.) _____
CELL PHONE NUMBER _____
PARENT/GUARDIAN SIGNATURE _____ DATE: ____ / ____ / ____
2. PARENT/GUARDIAN NAME (LAST) _____ (FIRST) _____ (M.I.) _____
CELL PHONE NUMBER _____
PARENT/GUARDIAN SIGNATURE _____ DATE: ____ / ____ / ____

IF IN AN EMERGENCY WE CANNOT BE REACHED, CONTACT:

NAME: _____ RELATIONSHIP: _____ PHONE: (_____) _____ - _____