

STUDENT INFORMATION SHEET

STUDENT:

Last Name _____ First Name _____ (Circle One) Male - Female
Birthday ___/___/____ Marching Instrument / Guard _____ Graduation Year _____
Home Address _____ City _____ Zip _____ Home Phone (____) ____ - ____
Students Cell # (____) ____ - ____ Students e-mail address _____

PARENT(S):

Fathers Name _____	Mothers Name _____
Employer _____	Employer _____
Work Phone (____) ____ - ____ ext. _____	Work Phone (____) ____ - ____ ext. _____
Cell # (____) ____ - ____	Cell # (____) ____ - ____
E-mail address _____	E-mail address _____

STUDENTS MEDICAL INFORMATION:

Health Insurance Company Name _____ Policy # _____
Doctors Name _____ Doctors Phone (____) ____ - ____

List any prescription medications CURRENTLY taking _____

Please state reasons for medications _____

Known Allergies _____ Tetanus Year _____

Special health problems – past or present _____

List other activities or sports you plan to participate in this year _____

Parent Signature _____

_____ Date

!!! (All three pages must be filled out and turned in) !!!

(Copy 1 of 2)

Travel Permission Slip

El Modena High School Band & Guard

Student Signature

As the parent/legal guardian of the above student, I give my permission for them to travel with the El Modena HS Band & Guard for the duration of the 2011-2012 school year. It is understood that all rules and regulations of the school and organization must be adhered to. If I wish to have my student travel or leave with a parent, a separate permission request **MUST** be obtained from the band office **PRIOR** to travel.

I understand that if my student breaks any of the rules or regulations, they may be sent home at my expense.

Parent/Guardian Signature

Emergency Contact _____

Relationship to Student _____

Phone # (____) ____ - _____ Cell # (____) ____ - _____

Authorization to Treat a Minor

I, the undersigned parent or legal guardian of the undersigned student do hereby authorize and consent to any x-ray examination, anesthesia, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to rendered under the general staff licensed under the provisions of the Medical Practice or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State Department of Public Health.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospitalization being required but it given to provide authority and power to render care which the aforementioned physician is the exercise of his or her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

My Student MAY be given: (circle Yes or No)

Tylenol Yes / No

Pepto Bismol/Antacid/Immodium Yes / No

Ibuprophene Yes / No

Benedryl Yes / No

Over the Counter Couch Syrup Yes / No

~~~**If their are other restrictions please attach**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

(Copy 2 of 2)

**Travel Permission Slip**

El Modena High School Band & Guard

\_\_\_\_\_  
**Student Signature**

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

Relationship to Student \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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