

SALINE HIGH SCHOOL MARCHING BAND
Student Health & Safety Record

Student's Name: _____ Date of Birth: _____

Address: _____ Home Phone: _____

Name of Parent(s)/Guardian student lives with: _____

Day/Evening phone numbers: _____

Additional Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Student's Doctor: _____ Phone: _____

Insurance Company: _____ Policy #: _____

Medical Information:

Allergies: (medications, food, insects, etc.) _____

Any condition requiring special care, medication, diet: _____

Special health or behavioral issues: _____

Any limits for physical activity: _____

Immunizations: up to date: Yes / No Date of last tetanus booster: _____

Medications: (prescription or over-the-counter)

<u>Name of Medication</u>	<u>Dosage</u>	<u>Time of day taken</u>
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(please use back of this page if more room required)

While in attendance at marching band camp, on trips, rehearsing, or performing with the Saline High Marching Band, the undersigned parent/guardian hereby authorizes qualified medical personnel to render necessary first aid to _____ (student) in the event of an accident, injury, or illness. In the event of an accident or injury, parent/guardian or emergency contacts will be contacted at the phone number(s) listed above.

Date _____

Signature of Parent or Legal Guardian

THIS FORM IS DUE FRIDAY, APRIL 25TH, 2008