

LAKESHORE BAND HEALTH FORM

Student's Name: _____ Birth Date: _____
 Parent's or Guardian's Name: _____
 Address: _____
 Home Phone #: _____ Parent's e-mail address: _____
 Cell phone #: _____

Emergency Contacts

Name: _____ Relationship: _____ Phone #: _____
 Family Physician's Name: _____ Phone #: _____

Health Comments

Allergies (include food/medications) _____
 Date of student's last Tetanus Booster: _____

Current Medications

Please list below the type of medication, dosage, and frequency of use.

Medication	Dosage	Frequency	Reason for taking medication
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are there any behavior considerations that will help the staff in assisting your child? (If yes, please explain.)

Has your child experienced any recent illness or surgeries? (If yes, please explain.)

Please include front and back copy of child's health insurance.

For Notary use only Date: _____

Emergency Treatment Authorization

I, _____, do hereby give the
 Lakeshore Band Directors, Mrs. Lori Von Koenig,
 Mr. Matthew Pagel, Mr. Joel Hosey; Sandra Hayes R.N. or a
 chaperone permission to sign an authorization for
 emergency medical treatment for my son/daughter
 _____ during band activities in 20__20__.
 I also give them permission to administer
 acetaminophen (Tylenol), Ibuprofen (Advil),
 or upset stomach medication, if the need arises.
 Please sign and return this to a band director.
 Make sure everything has been read and completed.

Signature of Parent or Guardian
