

LAKESHORE BAND HEALTH FORM

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

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.

<u>Medication</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Reason for taking medication</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

For Notary use only Date: _____

Please include front and back copy of health insurance card

Emergency Treatment Authorization

I, _____ do hereby give
the Lakeshore Band Directors, 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.

Signature of Parent or Guardian