

LAKESHORE BAND CHAPERONE/STAFF * HEALTH FORM

Chaperone/Staff Name: _____ Birth Date: _____
Address: _____
Home Phone #: _____ E-mail address: _____
Cell phone #: _____

Emergency Contacts

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

Health Comments

Allergies (include food/medications) _____

Date of last Tetanus Booster: _____

Current Medications

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

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

Have you experienced any recent illness or surgeries? (If yes, please explain.)

Please include front and back copy of Health Insurance Card.

***A health form is required from chaperones/staff for band camp, trips and competitions.**

Emergency Treatment Authorization

For Notary use only Date: _____

*I, _____ do hereby give
the Lakeshore Band Directors, Mr. Matthew Pagel,
Mr. Joel Hosey, Mrs. Katy Hosey or Sandra Hayes, R.N.
permission to sign an authorization for
emergency medical treatment for me during band
activities in
20__20__.*

Signature