

Cario Middle School Band Program

Medical Information

(Students must have a NOTARIZED medical form on file in the band room to attend any functions off campus of Cario Middle School.)

1. Student Name _____

2. Student Address _____

3. Age _____ 4. Date of Birth _____ 5. SS# _____

6. Home Phone # _____ 7. Parent Cell # _____

8. Name of Parent or Guardian _____

9. Business Address _____

10. Business Phone # _____

11. Does the student have insurance through parent employment? YES ___ NO ___

12. Insurance Company _____ Policy # _____

13. Health History (check all that apply)

- ___ Diabetes
- ___ Orthopedic Problems
- ___ Asthma
- ___ Epilepsy
- ___ Cardiac Problems
- ___ Other (specify) _____

14. Allergies (check all that apply)

- ___ Aspirin
- ___ Penicillin
- ___ Sulfa
- ___ Insect Stings
- ___ Tetracycline
- ___ Other (specify) _____

14. Do the Cario Band Boosters have permission to administer to your child:

	Yes	No		Yes	No		Yes	No
Tylenol	___	___	Tums	___	___	Robitussin	___	___
Ibuprofen	___	___	Benadryl	___	___	Pepto-Bismol	___	___
Aspirin	___	___	Chloraseptic	___	___	Sudafed	___	___

15. Has your child had a tetanus shot within the last six years? ___YES ___NO

16. Do you know of any health factor that makes it advisable for your child to follow a limited program of physical activity or from participating in any activities? If yes, please explain:

17. Does your child take any medication? If yes, please list the medications, dosages, and when the child must take the dosages:

I give my permission to the physician or hospital to secure proper treatment for and to order medication, injections, anesthesia, and/or surgery for my child as named above. I also give permission to the Cario Band Boosters to administer the above named medications on a band field trip or during band activities.

Signature of Parent or Guardian _____ Date _____

Signature of Notary Public _____ Date _____