

HEALTH CERTIFICATE/PERMISSION FORM/EMERGENCY INFORMATION

Student Name: _____ (circle one) Male Female

Birthdate: ____/____/____ Age: _____

Parent Name: _____

Address: _____

City: _____ Zip: _____ Home Phone: ____ - ____ - _____

Work Phone: ____ - ____ - _____ Parent Cell ____ - ____ - _____

Email: _____

Other Emergency Contact: _____ Phone: ____ - ____ - _____

Relationship to student: _____

Insurance Co: _____

Policy/Card#: _____

Primary Card Holder: _____

Please list:

Allergies: _____

Diseases/Operations: _____

Medications presently being used: _____

Behavioral/Emotional Considerations: _____

Special Physical Considerations: _____

Reaction to Drugs: _____

Anything else, medically, that we should know: _____

Dear Parent/Guardian:

In the interest of your child and all the other students, we need this health certificate release. Your cooperation will be appreciated in helping us better understand your child, especially in case of illness. All efforts will be made to contact parent (s) in case of illness, injury, emergency, but this release form is needed to begin treatment in the event that we are unable to reach you immediately. This means that if you can't be reached you are giving us permission to treat. Medical personnel are restricted by law and are unable to begin treatment without your consent or release. All health matters are to be handled with confidentiality by staff/chaperones.

Authorized Release Form:

I hereby give permission to the Belding Band Staff to: secure emergency medical and surgical treatment and routine non-surgical medical care and for the release of medical records in case of illness or emergency:

Signature of parent: _____

Date: _____