

**FORK H.S. MARCHING BAND
2009
EMERGENCY MEDICAL FORM**

NAME OF STUDENT _____

HOME ADDRESS _____

DATE OF BIRTH _____

PERSON TO CONTACT IN
EMERGENCY _____

HOME PHONE _____ WORK _____

FAMILY PHYSICIAN _____

INSURANCE CO. & POLICY
HOLDER _____

POLICY NO. _____

IF STUDENT IS ON MEDICATION, PLEASE
LIST _____

MAJOR SURGERY IN LAST YEAR _____

ACUTE OR CHRONIC MEDICAL CONDITIONS: _____

I GIVE MY CONSENT FOR THE ABOVE NAMED STUDENT TO PARTICIPATE
IN ALL BAND ACTIVITIES OF THE AMERICAN FORK HIGH SCHOOL BAND
PROGRAM. May 6, 2009 thru Nov. 16, 2009

I GIVE PERMISSION FOR ANY MEDICAL TREATMENT NECESSARY FOR
THE HEALTH AND WELL-BEING OF MY CHILD.

PARENT OR GUARDIAN _____

Date _____