

HEALTH INFORMATION FORM - Roosevelt High School Orchestra 2009-2010

STUDENT'S NAME: _____ EMAIL: _____

ADDRESS/ZIP: _____ HOME PHONE: _____

Information for Parent/Guardian 1

NAME: _____ EMAIL: _____

ADDRESS/ZIP: _____ HOME PHONE: _____

WORK PHONE: _____ CELL PHONE: _____

Information for Parent/Guardian 2

NAME: _____ EMAIL: _____

ADDRESS/ZIP: _____ HOME PHONE: _____

WORK PHONE: _____ CELL PHONE: _____

Insurance Information

MEDICAL INSURANCE COMPANY: _____

GROUP NUMBER: _____

SUBSCRIBER NAME: _____ ID#: _____

Medical Information

Please list medications your student is currently taking: (prescription and over the counter medications)

Please list any medical concerns about your student about which chaperones should be aware (e.g., asthma, diabetes, ADHD). Use back of sheet if you need more space.

Emergency Contact

EMERGENCY CONTACT (in the event the parents/guardians cannot be reached):

NAME: _____ RELATIONSHIP TO STUDENT: _____

PHONE(s): _____

Emergency Authorization

As parent or legal guardian of _____, I authorize the RHS Orchestra adult staff or adult volunteers to seek a qualified physician to examine my student and, in the event of injury, to administer emergency care and to arrange for any consultation they deem necessary to ensure proper care of any injury. Every effort will be made to contact the parent/guardian(s) to explain the nature of the problem prior to any involved treatment. I understand that I will assume full responsibility for payment of any services rendered, including transporting by emergency vehicles if necessary.

PARENT/GUARDIAN NAME (printed): _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____