

Fort Mill High School/Nation Ford High School
2010-2011 Band Student Health History and Financial Responsibility Form

This form must be filled out completely by a parent. Please print or type and attach a copy of your insurance card.

Student's Full Name: _____ Grade: _____

Date of Birth: _____ Sex: _____ Telephone #: _____ T-shirt size: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent or Guardian: _____ Work phone #: _____

Person to contact in case parents may not be reached in case of an emergency: _____

Relationship: _____ Telephone #: _____

Physician: _____ Telephone #: _____

List any medications being taken or recent history of medical treatment. Include approximate dates:

List any allergies to medications, insect bites, etc., or other health problems. Please describe reactions:

Are there any restrictions to the student's activities? If so, please list them:

Copies of the following documents are required - please attach them to this form:

1) Immunization Record (especially tetanus)

2) Insurance Card

NOTE: If you do not have insurance, please sign below to release the school/band from responsibility:

Parent/Guardian: _____ Date: _____

Authorization Statement For Participation and Medical Treatment

I hereby give authority to administer medical treatment, including surgery, in case of medical emergency. I also give my permission to give first aid and administer over-the-counter medication as deemed appropriate. I understand all efforts will be made to contact me as soon as possible in the event my child needs serious medical attention. I further agree to be legally responsible for all bills incurred for medical treatment, which may not be covered by group insurance. I accept legal responsibility for receipt of fundraising merchandise signed for by my child. I fully understand I am legally responsible for any other expenses incurred by my child during his/her participation in band that are owed to Fort Mill High School/Nation Ford High School or Fort Mill District Band Booster Club. I also give my permission for my child to participate in all school sponsored band activities for the current school year including band camp and all school approved trips and agree to support all rules and regulations set forth by the school district, high school, principal, and band director.

Parent/Guardian: _____ Date: _____