

# PWHS Band Health History/Permission Form 2013-2014 School Year

(Child's name) \_\_\_\_\_ has my permission to participate in all PWHS Band Activities unless/until permission has been revoked in writing by me. I understand all of the rules and regulations as they pertain to the PWHS Band, and I agree that my child shall abide by them. I also certify that my child is in good health with no present medical or psychiatric conditions *that would prevent full participation* in the band. If there is any change in my child's physical condition, it is my responsibility to notify the band director and complete a new health form.

### **Personal History:**

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother/Guardian \_\_\_\_\_  
*Name Work Phone Cell Phone*

Father/Guardian \_\_\_\_\_  
*Name Work Phone Cell Phone*

### **OTHER PEOPLE TO CALL IN CASE OF EMERGENCY:**

\_\_\_\_\_  
*Name Phone Cell Phone*

\_\_\_\_\_  
*Name Phone Cell Phone*

### **HEALTH INFORMATION:**

List illnesses and allergies: \_\_\_\_\_

List all medications you child takes: \_\_\_\_\_

In case of emergency, those duly authorized nurses, director, instructional staff, and/or chaperones have my permission to act on my behalf in the best interest of my child, including medical treatment, and will hold harmless any staff member and/or trip nurse that administers treatment.

INDICATE TYPE OF MEDICAL INSURANCE AND POLICY : \_\_\_\_\_

**Parent/ Guardian Signature:** \_\_\_\_\_