

2019 Columbia Central High School Band Emergency Medical Form

Student's Name _____
Last First

Please Complete All Information

_____ M F _____
Instrument/Section Grade Home Telephone Cell Phone #1 Cell Phone #2

Parent/ Guardian Names

I, _____ give my permission for my son/daughter named above to participate in CHS Band functions and to travel to and from off campus band functions via transportation provided by the Band Program. I certify that the insurance information provided below is accurate. I am providing the following information voluntarily and thus wave HIPPA requirements.

Additional phone numbers where parents can be reached _____

Family Physician _____ Telephone Number _____

Specify any medical conditions of which an attending physician should be aware and ALL over the counter and/or prescription medications, with dosage, your child has your permission to possess and administer during band functions, including overnight trips.

Insurance information: Name of Policy Holder: _____

Employer _____

Insurance Company _____ Policy No. _____ Group No. _____

CONSENT: If deemed necessary by school officials during a function of the Columbia Central High School Band, permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, X-Ray examinations and immunizations for the above named student. In the event of a serious illness, the need for major surgery or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the expeditious way. If said physician is not able to communicate with me, the treatment with the best interest of the student may be given.

Signature of Parent/Guardian Date

STATE OF TENNESSEE, COUNTY OF _____

Personally appeared before me, _____, a Notary Public of said county, _____ the within named signatory with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence and who acknowledged that he/she executed the within instrument for the purposes therein contained. Witness my hand, at office this _____ day of _____ 20__.

Notary Public My Commission Expires: _____