

Student name _____

Date of Birth/age _____

Social Security Number _____

Hoover High School Band Medical Information Form

Marching Band is physically demanding activity. Practicing and performing in the summer heat, especially in the heavy uniform can put significant stress on your student's body. Some medical conditions can be exacerbated by marching band activities. Please provide the following information so we may properly care for your student in the event of any emergency situation that may arise during any band practice, performance, or activity. This form must be on file before any travel or performance.

Please print all information in BLACK INK

Guardian Name _____

Guardian Address _____

Guardian Phone (home) _____ **(e-mail)** _____

(cell) _____ **(work)** _____

Alternate Emergency contact _____

Alternate contact relation/ phone# _____

Student Physician Name _____

Student Physician Number/hospital of choice _____

Medical Insurance Company _____

Insurance contract/policy # _____

Please list ANY allergies and reactions _____

Please list all medications your student takes with dose and schedule _____

Please list ANY conditions your child has or concerns that we need to be aware of this season _____

Guardian name/signature _____