

MEDICAL INFORMATION AND AUTHORIZATION

Name of Student _____ Date _____

Address _____ Zip _____

Age _____ Date of Birth _____ Grade _____

Parents' full names _____

Work or Cell phone (mother) _____

Work or Cell phone (father) _____

Health Insurance (Give company, policy name, and any ID numbers.)

Name of Family Doctor _____ Phone _____

List any special conditions (diabetes, epilepsy, allergies, etc.) your child has:

List any medications to which the student is allergic or for some reason cannot take:

List any medications your child must take: _____

Check here if your child is allowed to take over the counter pain medication _____
(Acetaminophen/ibuprofen)

I give my permission for _____ to participate with the Mercer County Band at any and or all school approved events beginning with the date below and throughout the entire school year. I have completed the Medical Information and Authorization Form giving the director and/or adult chaperones permission to obtain medical care and/or hospitalization should illness or accident occur, and I accept responsibility for payment of any medical expenses.

Date

Signature of Parent or Guardian