

**2022-2023 WOHS Bands
STUDENT EMERGENCY / MEDICAL INFORMATION FORM**

(THIS FORM IS FOR BAND FUNCTIONS ONLY - IT IS NOT AN OFFICIAL OCS FORM AND DOES NOT COVER ANY FUNCTION OUTSIDE OF BAND)

Student Name: _____
(Last) (First) (Middle)

Grade: _____ Age: _____ Birthdate: _____ Sex: M F

Home Address: _____
Home Phone: _____ Cell Phone: _____

Parent / Guardian: _____
Cell phone: _____ Work phone: _____
Parent Employer(s): _____

CHILD LIVES WITH: Mother Father Caregiver/Guardian Other (specify) _____

EMERGENCY CONTACTS - In case child listed above becomes ill or is injured at school and I cannot be contacted, the school authorities have my permission to contact and release my child to the custody of one of the following:

Name, Relationship, Home Phone, AND Cell Phone

1. _____
2. _____
3. _____

Health Care Provider: _____ Phone: _____

To assure prompt attention to your child, PLEASE NOTIFY BAND DIRECTOR OF ANY CHANGE OF INFORMATION

My child has health insurance: Yes No

Company: _____ Policy #: _____

My child has NO MEDICAL CONDITIONS OR LIMITATIONS.

My child receives regular care for the following medical condition(s):

- Life threatening** Allergies to: _____
Date of last reaction: _____
Requires Epinephrine (Circle one): YES / NO DOSEAGE: _____
- Asthma: Medications: _____
- Diabetes: Is Insulin required? (Circle one): YES / NO Type: _____
- Seizures/Epilepsy: _____
- Does your child have any other major health issue(s)? Please list and explain:

Is your child taking medication(s)? Please list medication(s) and times taken:

In case of emergency and with the approval of the directors or another OCS employee, I give my approval and authorization for first aid treatment and any medical treatment by local physician and/or hospital including surgical procedures. I agree to, accept responsibility for payment of all charges incurred during this medical treatment.

Any Additional medical information or comments:

Parent's/Guardian's Signature: _____ Date: _____

--- Notary Signature ---

I (notary public), _____ hereby certify that the person signing this document has appeared before me and personally signed on the date below.

Date: _____ Notary Signature: _____ Commission Expires: _____