

****PLEASE ATTACH A COPY OF YOUR MEDICAL CARD (HMSA, TRI CARE, KAISER , ETC)**

Pearl City High School
Music Performing Arts Learning Center

Medical Information Form

Event: All 2019 – 2020 Band Activities

PERSONAL (Please Print)

Name _____ Which Bands? (Circle all that apply)
Last First M.I. Marching Concert

Class of _____ Age _____ Date of Birth ___/___/___ Phone # (____) _____ - _____

Address _____
No. and Street (apt. #) City State Zip

Parent/Guardian Name(s) _____
(Mother) (Father)

Address _____
No. and Street (apt. #) City State Zip

Mother / Guardian Phone Contact Number(s) _____

Father / Guardian Phone Contact Number(s) _____

(Please list ALL emergency contact numbers with the following codes: H- home; B- business; P- pager; C- cell or wireless)

MEDICAL (Please Print)

(Circle One)
Insurance: No Yes: Type: _____

Physician _____ Phone # _____
Last First M.I. Business Physicians Exchange

Address _____
No. and Street (room) City State Zip

Medical History _____

(attach or use the other side of this form if more space is needed, please be as complete as possible regarding special conditions)

Allergies _____

Medications _____

PERMISSION FOR MEDICAL TREATMENT

I, _____, hereby give permission to render emergency medical treatment to
(print parent/guardian's name)

_____ should a medical problem involving this student arises during the
(print student's name)

All 2019 – 2020 Band Activities I understand that every effort will be made to contact me, but in the event that emergency notification cannot be made, I authorize that all necessary medical treatment be given to stabilize any medical conditions.

Signature of Mother or Guardian Date

Signature of Father or Guardian Date