

**VAN WERT CITY SCHOOLS
INSTRUMENTAL MUSIC DEPARTMENT
2010-2011 EMERGENCY MEDICAL FORM**

PLEASE attach a copy of both front and back of your Insurance Card.
PLEASE be sure to sign the back.

SECTION A- Contact Information

Student's Name _____ Home Phone _____

Birth Date _____ Grade _____

Address _____ City _____ Zip _____

Parent or Guardian's Name _____

Parent Cell Phone Number _____ Student Cell Phone _____

Another Emergency Number _____ Name at that number? _____

Family Doctor _____ Telephone _____

Family Dentist _____ Telephone _____

Insurance Company and ID Number _____

Insurance Company Telephone Number _____

Father's Occupation _____ Mother's Occupation _____

SECTION B- Medical History

1. Is the student under a physicians care at this time? YES NO

2. Is the student taking medication prescribed by a doctor at this time? YES NO

If Yes, please describe. _____

3. Date of last tetanus shot. _____

4. List any allergies. _____

5. Does the student wear glasses? YES NO

6. Does the student wear contacts? YES NO

SECTION C- Guarantor (Parent/Guardian with Insurance)

Parent/Guardian Name _____ Relationship _____

Address if different from student _____

Phone _____ Cell phone _____ Birth Date _____

SSN of Parent/Guardian _____ - _____ - _____ Employer _____

Employer Address _____

Insurance Name _____ Policy Number _____

Group Number _____ Plan Code _____

Subscriber's Name _____ Relationship _____

SECTION D- Permission for Medical Attention

I give permission for a Band Staff Member or any designated school official to administer over-the-counter drugs to my student as needed. (Example- Advil, Tylenol, Pepto-Bismol, etc)

In the event that attempts to contact me have been unsuccessful, I give consent for the administration of any treatment deemed necessary by the above named doctor or dentist. If they are not available, I give my consent to another licensed physician as deemed necessary by the VWCS Band Staff Member. I give my permission to have my child admitted to a hospital if deemed necessary by the above named physician or Band Staff.

SIGNED _____ **DATE** _____

SECTION E- Permission for Trips

Furthermore, I give permission for the above named student to participate in all Band related activities for the 2010-2011 School year. I realize this permission includes but is not limited to all activities on the Band Calendar. I realize that my student will be traveling by bus or other school approved transportation. Some of these trips may cross state lines and include overnight accommodations. I realize that while at all Band events my child is bound by school rules and regulations in addition to rules set forth by the band staff. I understand that violation of these rules may result in immediate consequences at my expense (such as immediate travel home by bus or plane).

SIGNED _____ **DATE** _____