

**VAN WERT CITY SCHOOLS  
INSTRUMENTAL MUSIC DEPARTMENT  
2009-2010 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 2009-2010 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** \_\_\_\_\_