

All Band and Orchestra Members must fill out this form.

FREEDOM HIGH SCHOOL PATRIOT BAND & ORCHESTRA 2008-2009 MEDICAL FORM

PLEASE PRINT or TYPE

Student's Name _____ Graduation Year _____
2009 2010 2011 2012
Address _____ (Circle one)

City/St/Zip _____

Father's name _____ Phone _____

Address _____
If different from student's

Mother's name _____ Phone _____

Address _____
If different from student's

Emergency contact Person: In case of emergency and parents cannot be reached.

Relative/Friend: _____ Phone _____

Physician to call: _____ Phone _____

Address: _____

Do you wear contact lenses? _____ Yes _____ No

List any allergic condition, which at any time has caused a medical crisis or problem. Also attach any medical information that you think is important for a medical person to know in case of an emergency or medical treatment is required. See the other side of this form.

PARENTS/GUARDIANS

As parents/guardians of _____, we give permission to have our son or daughter treated by a physician in case emergency medical treatment is necessary. We understand that every effort will be made to contact us in case an emergency arises.

Student is covered by _____ Insurance Company

Policy Number _____

Parent/Guardian Signature: _____ Date _____

**Band members return ASAP, no later than August 8, 2008.
Orchestra members return ASAP by August 29, 2008.**

(OVER)