

PLEASE ATTACH A CURRENT SCHOOL PHOTO OF THE STUDENT

THOMAS JEFFERSON HIGH SCHOOL BAND

HEALTH INFORMATION/FIRST AID/EMERGENCY AUTHORIZATION

STUDENT NAME _____ Date _____

Sex _____ Age _____ Birth date _____ Grade _____

Music Director's Name _____ School _____

Home Address _____

(Street)

(City, State, Zip)

(Area Code and Phone)

Father's Full Name _____

Work Phone _____ Work Hours _____

Mother's Full Name _____

Work Phone _____ Work Hours _____

Step Parent or Guardian Full Name _____

Work Phone _____ Work Hours _____

Is the student currently under medical treatment? YES NO

If yes, give the nature of the treatment and doctor's name and phone: _____

Is the student currently taking any medication? YES NO

If yes, give the name of the medication, reason it is given, doctor's name and phone number: _____

List any ailments of your child of which the school nurse or medical personnel should be made aware
(EXAMPLE: EPILEPSY, HEART CONDITION, DIABETES, ALLERGIES, ETC.)

Date of last tetanus shot: _____

Name of Health Insurance: _____

Address _____ Telephone _____

Name of Guarantor _____ Agreement # _____

Name of Employer (if group insurance) _____

Address _____ Phone _____ Group # _____

