

\*\*\*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 # \_\_\_\_\_

**FIRST AID/EMERGENCY AUTHORIZATION**

If the Director or Designee cannot get in touch with either parent/guardian, please list two relatives or friends who would have the authority to advise as regarding your child:

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
(Street) \_\_\_\_\_  
\_\_\_\_\_  
(City, State, Zip code)

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
(Street) \_\_\_\_\_  
\_\_\_\_\_  
(City, State, Zip code)

If none of the above can be reached by phone, **WHAT DO YOU WISH THE SCHOOL TO DO** in case the child is sick or injured? \_\_\_\_\_  
\_\_\_\_\_

If **EMERGENCY TREATMENT** is required, may the school authorities or designee use their own judgment in sending the child to a hospital or doctor most easily accessible before the parent/guardian can be reached?      YES              NO

If answer is NO, please give directions to be followed if **EMERGENCY TREATMENT** is required:

\_\_\_\_\_  
\_\_\_\_\_

It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail. The recommendation of the parent/guardian, as indicated above, will be respected as far as possible.

If at any time the above information must be changed, I will notify my child's music director **in writing.**

\_\_\_\_\_  
Signature of Parent/Guardian                      Date