

Jacksonville High School Band

Medical Care, Information and Permission Form

Please complete the following information:

Student First Name _____ M.I. ____ Last Name _____

S.S.# _____

Home phone _____ Date of birth _____

Mailing address _____ City, Zip _____

Parent/Guardian Info **that you live with:**

Father's name _____ Work phone _____

Father's place of business _____

Father's Cell Phone (for emergencies only) _____

Mother's name _____ Work phone _____

Mother's place of business _____

Mother's Cell Phone (for emergencies only) _____

Parent's E-Mail Address _____

Insurance Info:

Medical insurance company _____

Name of insured _____

Policy # _____

Family doctor: _____ Phone _____

Other persons to call if you can't be reached:

Name of blood relative _____

Phone _____ Relationship _____

Name of family friend _____

Phone # _____

Please list any medication your child is currently taking (prescription & non-prescription):

Please list any allergies or medical conditions we should be aware of such as foods, medicine, diabetic, etc.:

In case of accident or sudden illness to the above named child, and in the event that I cannot be reached by telephone in a reasonable length of time, I hereby authorize a representative of the Jacksonville Independent School District to take the above named child to the nearest hospital or doctor, to receive whatever treatment the doctor thinks is necessary, or whatever is necessary for the quickest treatment in the case of an emergency. I will be responsible for any medical care cost.

Signed: _____ Date: _____

I hereby give my permission for my son/daughter, _____, to make all school sponsored trips with the Jacksonville High School Band under the direction of a faculty sponsor. I authorize the faculty sponsor or designee to give my child over the counter medications as needed.

Signed: _____ Date: _____