

**LEO HIGH SCHOOL BAND/GUARD MEMBER
MEDICAL FORM**

Please print and complete ALL information.

Student Name	Date
Date of Birth	Home Phone #
Parents/Guardian	
Address	
Mother Cell Phone #	Work Phone #
Father Cell Phone #	Work Phone #
ADDITIONAL EMERGENCY CONTACTS	
Name	Phone
Name	Phone
Physician Name	Phone
Dentist Name	Phone
MEDICAL HISTORY	
Please list any medical problems your student may have (i.e. Diabetes, Asthma)	
Is your student on any continuous medications? (If yes, please list)	
Does your student have any allergies? (If yes, please explain)	
NOTE: No student should have any medication not prescribed by a physician as according to school policy. If medication is needed while traveling, it must be accompanied by a note from the parent requesting that it be taken during this time.	
Also, medication must be in the original prescription bottle. The nurse or chaperone shall dispense with these medications as designated by the Director. It is the responsibility of the parent and/or student to advise of any changes.	
INSURANCE	
Company	Benefit #
Policy #	Group #

IF YOU OR THE EMERGENCY CONTACT CANNOT BE LOCATED IN CASE OF A SEVERE EMERGENCY, YOUR STUDENT WILL BE TRANSPORTED BY AMBULANCE TO THE NEAREST HOSPITAL.

Signature of Parent/Guardian

Date

**Please include this form with your band student's
Registration and Participating Agreement. Please
place in PURPLE BAND BOX in the Band Room**