

BRISTOL TENNESSEE SCHOOL SYSTEM HEALTH DATA

TENNESSEE HIGH SCHOOL BAND FORM

On every trip that the band takes we carry these Health Forms with us. In case of an accident or sudden illness, we seek medical help and these forms save a hospital and physician valuable time. We want to take the best possible care of your son or daughter, so please fill out carefully and add below anything extra you feel would enable a doctor or the chaperones to take better care of your child. All information is confidential and will only be used in case of emergency. Even though we have this form, the school cannot accept responsibility in case of accidents or illness. This form must be notarized and will be used for the entire school year.

Student's Name _____ Age _____ Birthdate _____

Emergency Contact # 1 _____

Address _____ Phone _____

Emergency Contact # 2 _____

Address _____ Phone _____

Additional Contact Info _____

Physician _____ Office Phone _____

Address of Physician _____ Home Phone _____

Is your child now on any medication? _____ If yes, please explain in the space below: _____

Serious Ivy, Oak, or Sumac Poisoning? _____

Operations or Serious injuries? _____

Penicillin or other drug reactions? _____

Non-Drug Related Allergies? _____

Other diseases or details of above? _____

Medicines that can be administered (non-prescription): _____

Immunizations: Record dates of last injection only with the exception of Polio vaccine

Diphtheria _____ Tetanus Toxoid (not antitoxin) _____ Polio 1st _____

Smallpox _____ Rubeola _____ Polio 2nd _____

Typhoid _____ Rubella _____ Polio 3rd _____

Whooping Cough _____ Tuberculin _____ Polio 4th _____

Schick _____ Polio 5th _____

Recent exposure to contagious disease? _____

Capable Swimmer _____ Certified life saver? _____

Any restrictions to: Swimming? _____ Diving? _____ Boating? _____

Is able to attend outing and participate in all activities with the following restrictions and recommendations: _____

Name of Insurance Company _____ Policy # _____

Anything else we should know? _____

Certifications and Permissions:

I understand that by signing below, I am agreeing to the following three statements:

1. I have reviewed everything on both pages of this form, and certify that all the information is correct to the best of my knowledge.
2. _____ has my permission to participate in all Tennessee High School Band trips and activities.
3. In case of a medical or surgical emergency, I hereby give permission to the physician selected by the staff or chaperones to hospitalize and/or secure proper treatment for _____, and will be responsible for any medical bills or hospital expenses incurred.

Signed, Parent or Guardian _____ Date: _____

Subscribed and sworn to before me

This _____ day of _____, 20____

Notary Public _____ My commission expires _____