

**PERMISSION SLIP AND STUDENT HEALTH HISTORY  
2006-2007**

Student's Full Name \_\_\_\_\_  
Present Address \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Parent(s) or Legal Guardian(s): \_\_\_\_\_  
Phone(s): Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Other Responsible Party: \_\_\_\_\_  
Phone(s): Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

HEALTH HISTORY: (Please give dates where known-use back to provide additional information)

- a. **ALLERGY to drugs specify** \_\_\_\_\_
- b. **ALLERGIES (i.e. bee stings)** \_\_\_\_\_
- c. Operation within last year \_\_\_\_\_
- d. Medical or Emotional Problems or Conditions: \_\_\_\_\_  
\_\_\_\_\_
- e. Tetanus-last injection \_\_\_\_\_
- f. Any medications student is on: \_\_\_\_\_  
\_\_\_\_\_
- g. Will student have medication with them? If yes, please list \_\_\_\_\_  
\_\_\_\_\_
- h. Is student currently under medical treatment? If yes, explain \_\_\_\_\_  
\_\_\_\_\_
- i. Please list any other information you want the Boosters to know \_\_\_\_\_  
\_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Physician Address: \_\_\_\_\_  
Hospital Preference: \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Name of Insured \_\_\_\_\_  
Agreement Number \_\_\_\_\_ Group No. \_\_\_\_\_

- I give my permission for my child \_\_\_\_\_ to travel with the band and participate in band activities during the 2006-2007 school year.
- This is permission for the director, staff, band booster representatives and chaperones to use their judgement in dealing with any emergency that might arise involving my child.
- This is permission for treatment of my child by a physician and/or hospital staff for medical or surgical emergency.

**Your signature on this form constitutes your agreement to hold harmless the band director, staff, band boosters, chaperones, the School Corporation and their representatives, both individually and as legal entities, as applicable, in regard to any medical decisions made regarding your child.**

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date