



**CHIPPEWA VALLEY HIGH SCHOOL GUARD/BAND
MEDICAL EMERGENCY INFORMATION**
(Please print or type to complete)



Student Staff **PERSONAL INFORMATION**

		Date			
		Guard		Band	
Name		Height		Weight	
Address					
City			State	Zip	
Date of Birth		Cell Phone			
Home Phone () -		Email			

PARENT/GUARDIAN INFORMATION

Mother's Name			Father's Name		
Legal Guardian			Legal Guardian		
Address			Address		
City			City		
State	Zip		State	Zip	
Home Ph ()			Home Ph ()		
Pager ()			Pager ()		
Cell ()			Cell ()		
Work Ph ()			Work Ph ()		
Email			Email		

EMERGENCY POINTS OF CONTACT - LIST TWO (Do not list Parents)

Name		Name	
Relation-ship		Relation-ship	
Home Ph ()		Home Ph ()	
Pager ()		Pager ()	
Cell ()		Cell ()	
Work Ph ()		Work Ph ()	

HEALTH INSURANCE

Please list your policy number and the telephone number to the insurance company.
You may also attach a copy of your insurance card, front and back, if you wish.

Company Name			
Address			
City		State	Zip
Phone ()			
Policy No.		Effective Date of Coverage	
Group No.			

This document contains confidential information, which is legally privileged. This information is intended for the use of approved guard/band staff and medical personnel only. If you are not the intended recipient, you are hereby notified that any disclosure, copy, distribution, or action taken in reliance on the content of this document is strictly prohibited.

Please complete all sections, if none or not applicable, please indicate such.

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The following information will assist staff/medical personnel should it be required.

ALLERGIES List any allergies to medications, foods, insect bites, etc. <i>(If an allergy exists, is an epi-pen/medication being carried?)</i>			
List any existing medical problems we should be aware of. <i>(Asthma, seizures, heart problems, diabetic, ADD/ADHD, recent surgery, etc.)</i>			
List any medications being utilizing and/or carrying.			
Wear contacts?	Yes	No	

I, _____, being the legal and custodial parent/guardian,
Parent/Custodial Guardian

consent to treatment of my child/ward by medical personnel/medical facilities as may be required in the event of any illness or accident arising while participating or being transported to/from guard/band activities. This consent includes any medical, anesthesia or surgical treatment or hospital services rendered under the general and special instructions of the attending physician or other physicians assigned to his/her care in the event that the treating physician considers that immediate surgery is required to save life or limb.

I also give permission for my child to be transported as a passenger in an adult/parent vehicle while participating in a guard/band activity.

Parent/Custodial Legal Guardian Signature

Witness Signature

Date

Date

Please complete all sections, if none or not applicable, please indicate such.