



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



Date			
Guard		Band	

Student Staff **PERSONAL INFORMATION**

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		
Home Ph	()		Home Ph	()				
Pager	()		Pager	()				
Cell	()		Cell	()				
Work Ph	()		Work Ph	()				
Email				Email				

EMERGENCY POINTS OF CONTACT - LIST TWO

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

HEALTH INSURANCE

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

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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. (If an allergy exists, is an epi-pen/medication being carried?)				
List any existing medical problems we should be aware of. (Asthma, seizures, heart problems, diabetic, ADD/ADHD, recent surgery, etc.)				
List any medications being utilizing and/or carrying.				
Wear contacts?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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