



**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		Zip	
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 You may attach a copy of your Insurance Card

Company Name								
Address								
City					State		Zip	
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

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