



**AMERICAN FORK H.S. MARCHING BAND
2010
EMERGENCY MEDICAL FORM**

NAME OF STUDENT _____

HOME ADDRESS _____

DATE OF BIRTH _____

PERSON TO CONTACT IN EMERGENCY _____

HOME PHONE _____ WORK _____

FAMILY PHYSICIAN _____

INSURANCE CO. & POLICY HOLDER _____

POLICY NO. _____

IF STUDENT IS ON MEDICATION, PLEASE LIST _____

MAJOR SURGERY IN LAST YEAR _____

ACUTE OR CHRONIC MEDICAL CONDITIONS: _____

I GIVE MY CONSENT FOR THE ABOVE NAMED STUDENT TO PARTICIPATE IN ALL BAND ACTIVITIES OF THE AMERICAN FORK HIGH SCHOOL BAND PROGRAM. May 12, 2010 thru Nov. 13, 2010

I GIVE PERMISSION FOR ANY MEDICAL TREATMENT NECESSARY FOR THE HEALTH AND WELL-BEING OF MY CHILD.

PARENT OR GUARDIAN _____

Date _____