DeSoto High School Band Medical Information Form

Student's Name (printed):

_____ _____ _____
Last *First* *M.I.*

Sex: ☐ Male ☐ Female Grade: 9 10 11 12 Date of Birth: _____
(*MM/DD/YYYY*)

Parent's Name & Address (printed):

_____ _____ _____
Last *First* *M.I.*

_____ _____ _____
Address *City* *Zip*

_____ _____ _____
Home Phone *Cell Phone* *Cell Phone*

Please attach a photocopy of your insurance card and complete the following information:

_____ _____
Insurance Company Name *Subscriber's Name*

_____ _____
Policy / ID Number *Group Number*

_____ _____
Phone Number *Social Security Number (if required)*

My child has the following diagnosed medical condition(s):

_____

_____

My child takes the following medication(s) (*include prescription or over-the-counter*):

_____

_____

Does your child keep an inhaler with him/her? ☐ Yes ☐ No

Please provide a contact name and phone number in case the parent cannot be reached during an emergency:

_____ _____
Name *Phone Number*

I the undersigned parent/guardian of _____, do hereby authorize an adult chaperone, nurse or band director for the DeSoto High School Band to seek emergency medical treatment for my child if necessary. I hereby release the DeSoto Independent School District, band staff and all chaperones from any liability for seeking medical treatment.

The district, its employees, its volunteers and its trustees shall be immune from civil liability for damages or injuries resulting from the administration of medication(s) to my child provided such administration conforms to the requirements and policies of DISD.

_____ _____
Signature of Parent/Guardian *Date*