

STUDENT MEDICAL INFORMATION

Southfield High School Instrumental Music Department

THIS FORM IS VALID FOR THE ENTIRE 2015-2016 SCHOOL YEAR

THIS FORM MUST BE SIGNED BY PARENT/LEGAL GUARDIAN AND NOTARIZED

Please Print Clearly In Ink

Student Full/Legal Name: _____

Street Address: _____

City: _____ MI, Zip Code: _____ Home Phone # _____

Male or Female _____ Graduation Year 2016 – 12th 2017 – 11th 2018 – 10th 2019 – 9th
Please circle Please circle one

Mother / Guardian
Name: _____ Cell Phone# _____ Work Phone# _____

Father / Guardian
Name: _____ Cell Phone# _____ Work Phone# _____

IN CASE OF EMERGENCY NOTIFY: (If Parent / Guardian cannot be reached)

Name: _____ Relationship _____ Phone# _____

MEDICAL INFORMATION:

Doctor's Name: _____ Doctor's Phone# _____

Insurance Carrier: _____ Policy Number _____

Please list all medications taken regularly by your child and their dosages: _____

Is your child allergic to any medications, foods, insect bites? ____ Yes ____ No If yes, please list allergies and how these allergic reactions are normally treated: _____

Does your child have any infectious diseases? ____ Yes ____ No If yes, please list: _____

Does your child have any special health and/or behavioral considerations? ____ Yes ____ No If yes, please list: _____

Does your child have any restrictions to physical activity or is there anything else that we should be informed about for the care of your child? _____

I give my permission for _____ to attend the SHS BAND CAMP at Skyline Camp and Retreat Center, SHS Instrumental Music event, regular field trip, enrichment activity or out of state excursion. I understand that the doctor or nurse in residence will handle any medical or physical problems and in the case of an emergency I will be consulted by phone so that I can give approval or disapproval to medical actions to be administered. I fully understand that students are not to take, purchase, or use tobacco, alcoholic beverages or any narcotic commodity that is contrary to school policy at any time. I will accept disciplinary actions taken by the Southfield High School Band Director in accordance with the educational policies set forth by Southfield High School and the Board of Education. I understand that any students who do not adhere to Southfield High School Instrumental Music Department rules will be sent home at the parent's / guardian's expense.

PARENT / GUARDIAN SIGNATURE: _____ **DATE:** _____

(It is understood that if this form is signed by one of two parents or guardians, it is with the authority of the other.)

NOTARY SIGNATURE: _____ **DATE:** _____

(If this form is not properly notarized it will be returned to parent/guardian. Students cannot attend camp or other activities unless this form is signed and sealed by a notary.)