

Medical Information Form

STUDENT: _____

SEX (M) (F) BIRTHDATE __/__/____

INSURANCE CARRIER: _____

POLICY NUMBER: _____

PARENTS/SUBSCRIBER: _____

PLEASE COMPLETE THE QUESTIONS BELOW. It is important that we have medical information in order that we may care for your student in case of emergency.

1. DOES THE STUDENT HAVE CHRONIC HEALTH PROBLEMS?

2. IS THE STUDENT ALLERGIC TO MEDICATIONS?

3. DOES THE STUDENT HAVE ALLERGIES?

4. IS THE STUDENT CURRENTLY TAKING ANY MEDICATION(S)?

5. WHAT IS THE DATE OF THE STUDENT'S LAST TETANUS SHOT?

6. PLEASE LIST ANY ADDITIONAL PERTINENT INFORMATION WE SHOULD BE AWARE OF.

7. NAME OF FAMILY PHYSICIAN: _____

8. TELEPHONE & ADDRESS FOR FAMILY PHYSICIAN:

In case of minor illness, the Hillsboro High School band director or chaperones have my permission to give over the counter drugs such as Tylenol, Maalox, Sudafed, Ibuprofen or Dramamine to my son/daughter.

YES _____ NO _____

Parent/Guardian Signature

Date

Medical RELEASE Form
Hillsboro High School Band, Hillsboro, Oregon
Consent for Medical Treatment

TO WHOM IT MAY CONCERN, I, the undersigned parent of guardian of:

Name of Student Date of Birth

Hereby grant authority to the Band Director or any chaperone of the Hillsboro High School Band Boosters Assoc. standing in loco parentis, to obtain any emergency medical and/or surgical procedures from a physician or hospital emergency room physician on behalf of the above mentioned minor.

Signature: _____ **Date:** ___/___/___

Parent's Printed Name: _____

GENERAL INFORMATION

Student: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mother's Name: _____ Day Phone: _____

Employer: _____

Father's Name: _____ Day Phone: _____

Employer: _____

ALTERNATE TO NOTIFY IN CASE OF EMERGENCY

Name: _____

Relationship to Student: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

FINANCIAL CONSIDERATIONS:

For and in consideration of emergency services and goods rendered by or through the attending physician(s), the undersigned hereby guarantees payment in full, immediately upon receipt of the final billing.

SIGNATURE: _____ **DATE:** _____

Hillsboro School District 1J

Parent Permission for Publication of Student Photo

Dear Parent:

It is our practice when preparing work for external publication or on the internet to seek parent permission before including their child's photo. In order to include your child's photo described below, we must have your signed permission. Last names of students will NOT be used on Internet projects. Please review the information, sign it and return to school.

If you have questions, please call me.

Staff Person: Geoff Fotland, Band Director at Hilhi

Phone: 503-844-1980 ext: 3805

Sign and Return to Mr. Fotland

Staff Person, Geoff Fotland and HBBA (Hillsboro Band Boosters Assoc.), has my permission to publish a photo of my child _____ for an external publication or on the Internet.

Additional information: Primarily the www.hillsborohighband.org website.

I understand that my child's full name will not be published on the Internet.

Parent Signature

Date

Daytime Phone

Evening Phone