WBHS BAND
STUDENT INFORMATION & MEDICAL FORM

STUDENT INFORMATION

Name:_____ DOB:_____
Street Address:_____ Cell:_____
City:_____ State:_____ Zip:_____ Shirt Size:_____
Student Email:_____ Grade:_____
Position: ☐ Instrument ☐ Guard Is Instrument: ☐ Personal ☐ School

ADULT CONTACTS

Name:_____ Relation:_____
Street Address:_____ Cell:_____
City:_____ State:_____ Zip: _____
Email:_____ Contact Type ☐ Parent/Guardian ☐ Emergency Contact

Name:_____ Relation:_____
Street Address:_____ Cell:_____
City:_____ State:_____ Zip: _____
Email:_____ Contact Type ☐ Parent/Guardian ☐ Emergency Contact

Name:_____ Relation:_____
Street Address:_____ Cell:_____
City:_____ State:_____ Zip: _____
Email:_____ Contact Type ☐ Parent/Guardian ☐ Emergency Contact

HEALTH/MEDICAL INFORMATION

Ongoing Medications/Prescriptions:_____

Known Allergies:_____

Other Known Health Concerns:_____

I give AUTHORIZED SCHOOL PERSONNEL permission to administer the following over-the-counter medication(s) to my child. (Please initial which medications can be given)

_____ Tylenol _____ Ibuprofen _____ Benadryl _____ Hydrocortisone _____ Tums
_____ Midol _____ Neosporin _____ Imodium _____ Cough Drops _____ Dramamine

I give permission for AUTHORIZED SCHOOL PERSONNEL to act *loco parentis* (in place of a parent) concerning emergency treatment for my child. I further guarantee payments in full for any emergency services and goods rendered by or through the attending physicians(s) upon receipt of the final billing. I also authorize the use of photography for the purpose of promoting and celebrating the band through our social media accounts and for celebration banquets.

_____ _____ _____
Parent/Guardian Signature Printed Name Date