



# AUSTINTOWN FITCH BAND FIELD TRIP MEDICAL FORM

**2013/2014  
SCHOOL YEAR**

## STUDENT INFORMATION

STUDENT'S Last Name	First:	Middle:	Grade:	Date of Birth:	Home Phone:
					Cell Phone:

STUDENT'S ADDRESS: →

Father/Guardian's Name	BUSINESS/CELL PHONE	Mother/Guardian's Name	BUSINESS/CELL PHONE
	Bus. Cell		Bus. Cell

PARENT'S ADDRESS: →

<b>EMERGENCY PHONE NUMBER</b>	Name of Responsible Relative/Friend	Relative/Friend's Home Phone

Does Student Wear Contact Lenses?	Does Student have any Chronic Illnesses?	Does Student have any Physical Disability?	List ANY Medications being taken by the Student (Prescription and Non-Prescription):
<input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Solution Must be Supplied	<input type="checkbox"/> No <input type="checkbox"/> Yes   If YES, please EXPLAIN:	<input type="checkbox"/> No <input type="checkbox"/> Yes   If YES, please EXPLAIN:	

List ANY Allergies, ESPECIALLY to MEDICATION:	What is the Reaction?

If your student requires the use of an Inhaler or Bee Sting Kit, please insure that they have one in their possession at all times.

In case of severe illness or injury to my child, after reasonable attempts to contact me have been unsuccessful, I give my consent for the administration of any treatment deemed necessary by Dr. \_\_\_\_\_ (My preferred Physician) (Phone Number \_\_\_\_\_) or in the event the designated physician is not available, by any other licensed physician or the transfer of the Student to \_\_\_\_\_ Hospital (My preferred Hospital) or any hospital reasonably accessible if out of town.  
My preferred DENTIST is: \_\_\_\_\_ Phone Number \_\_\_\_\_

Special Instructions for School Authorities in case of Illness or Injury to the Student.

## INSURANCE INFORMATION \*

Insurance Company:	Policy Number:
Insurance Company Address:	Insurance Company Phone Number

\* If available, please provide a copy of current insurance identification Card and/or Prescription Identification Card for use during out of town trips or insure that the Student has possession of a copy of these very important documents.

Signature of Parent/Guardian:	Date Signed: