

Milton High School Band Booster Club, Inc
Health Form

Student's Name: _____ Date: _____
Date of Birth: _____ Home Phone: _____
Parent's Name: _____ Cell Phone: _____
Address: _____ Work Phone: _____
City: _____, GA Zip Code: _____

Please list all known allergies: (food, insects, medications, etc.) or other medical conditions:

Please list any medications (Prescription and over the counter) the student is currently taking & it's purpose: (Please give details regarding amount, timing, and manner of taking) Fulton County Schools do not allow students to carry medicines. Exceptions being Inhalers & Epi-pens. All medicines will be turned into the band nurse prior to travel in their original containers with the prescription attached.

The Band nurse carries Aspirin, Tylenol, Advil, Motrin, Benadryl. If there is an over the counter medicine that you wish not to be given please list below.

Date of last Tetanus Booster: _____ Last Physical: _____
Physicians Name: _____ Phone: _____

Emergency Contact Information: (in the event you are not reachable)

1. Name: _____ Phone: _____
Cell Phone: _____ Work Phone: _____

Insurance information (a copy of the insurance card front and back must be attached)

Insurance Carrier: _____ Policy #: _____
Group Plan #: _____ Carrier #: _____
Policy Holder's Date of Birth: _____

For and in consideration of emergency services and goods rendered through the attending physician(s) the undersigned hereby guarantees payment in full immediately upon receipt of final billing. As well as giving consent for a representative of the Milton Band Program to obtain medical treatment for above named child in my absence. I also release the Milton Band Booster Club, INC. and anyone affiliated with the MHSBBC with any liability for administering medication.

Signature of Responsible Party: _____

Witnessed: _____ Date: _____