

CONFIDENTIAL! - EMERGENCY MEDICAL INFORMATION

DANVERS HIGH SCHOOL BAND

PLEASE PRINT OR TYPE IN BLACK INK

Student's Name

Address

Date of Birth

City

Home Phone

State

Zip

Mother's Full Name

I will be in Hawaii YES NO
(If yes) I am staying at: _____

Mother's Work Phone (Area Code & Ext.)

Mother's Cell Phone (Area Code)

Father's Full Name

I will be in Hawaii YES NO
(If yes) I am staying at: _____

Father's Work Phone (Area Code & Ext.)

Father's Cell Phone (Area Code)

Person to Contact in Case of Emergency

Phone (Area Code)

HEALTH INSURANCE

Insurance Company

Policy Number

Doctor's Name

Phone (Area Code)

Current Medications (Please see other side)

Has your child had a FLU shot/mist? Yes NO When? ___/___/___

Has your child had an H1N1 FLU shot/mist? Yes NO When? ___/___/___

Medication Allergies

Food Allergies

Other Allergies

Special Dietary Needs

Major Surgery in the past Year

Acute or Chronic Medical Condition

MUST BE SIGNED BY LEGAL GUARDIAN ONLY

In case of emergency, I hereby give my consent for a qualified physician to perform any medical or surgical procedures she/he deems necessary to the welfare of this applicant while participating in **THE HAWAII TRIP 2011**. It is understood that the directors, chaperones and medical personnel will make every attempt to contact the parents, guardians, or relatives listed above, prior to taking any such actions. The undersigned does hereby assume and agree to pay any indebtedness or physician's, or surgeon's fees and hospital charges for such service.

Signature of Parent/Legal Guardian

Date

Relationship to Student