

Joplin High School Eagle Pride Band – Medical Form

Student Name: _____ DOB: _____

Parent/Guardian: _____

Address: _____ City: _____ Zip Code: _____

Parent/Guardian Cell Phone: _____

Parent/Guardian Work Phone: _____

Parent/Guardian Email Address: _____

In case of emergency, call: _____

Names and phone numbers of two people if parent cannot be reached:

1. _____ Phone: _____

2. _____ Phone: _____

Family Physician: _____ Phone: _____

Insurance: _____ Group # _____

Does your child have any need for special attention because of health problems? If yes, please explain:

Allergies: _____

Is your child on any medication? If so, list them, with any additional special directions:

Please check all medications that we can administer to your child:

Ibuprofen

Tylenol

Pepto-bismol

Benadryl

Imodium

Midol

I give permission for JHS Band Staff to seek medical attention for my child in the event of accident, illness, or injury.

Parent/Guardian Signature: _____

Date: _____