

WVHS MUSTANG BAND MEDICAL ALERT SHEET

Student's Name _____ Date of Birth _____

Student's E Mail(s) _____

Parent/Guardian _____

Address _____ City _____ Zip _____

Mother's Information:

Home Number _____ Work Number _____

Cell Phone _____ Other Phone Numbers _____

E Mail(s) _____

Father's Information:

Home Number _____ Work Number _____

Cell Phone _____ Other Phone Numbers _____

E Mail(s) _____

Another Person to Contact _____

Relationship _____ Phone Number _____

Doctor's Name _____ Phone Number _____

Health Conditions That Require Special Attention

(Check where appropriate)

Asthma _____ Diabetes _____ Hearing _____ ADD/ADHD _____ Allergies _____ Blood Pressure _____

Heart _____ Vision _____ Seizures/Convulsions _____ Gastrointestinal _____ Urinary _____

Other (write in) _____

Explain Health Condition _____

Signs/Symptoms to watch for _____

Special care or procedure required if symptoms occur _____

List any surgeries and the date they were performed: _____

Medications taken on a regular basis:

Name of Medication	Dosage	Time	Reason
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Immunization Information:

Last Tetanus Shot _____

Insurance Information:

Insurance Company _____

Subscriber Name _____ I.D. Number _____

Group Number _____

Medication Consent Form

While at all band activities I give my permission for the Walker Valley Band Directors, Staff, or designees to give the following medications to my child when needed.

Check which medication we may give your child:

Tylenol _____ Ibuprofen _____ Aleve _____ Diarrhea Medication _____ Allergy Medication _____

Sinus Medication _____ Menstrual Medication _____ Upset Stomach Medication _____

Parent/Guardian Signature _____ Date _____

Medical/Field Trip Consent Form

(For my child's participation in band 2023 to the Spring Semester your child will graduate, 20____.)

I hereby give permission to the Walker Valley High School Band Directors or their designees to render aid, treatment, medical, or surgical care deemed necessary to the health and well being of my child.

I additionally grant, when necessary for protecting the health and well being of my child permission for hospitalization, treatment, or surgery at a competent and/or accredited facility.

I further release the Walker Valley High School Band Directors, Staff, and/or designees from any liability for damage and injury to my child and hereby accept further responsibility for any and all damages or injuries sustained as a result of participation in the Walker Valley High School Band Program.

I hereby give permission to the Walker Valley High School Band Directors or their designees to take my child on all Walker Valley High School Band related trips off campus.

~~DO NOT SIGN UNLESS A NOTARY PUBLIC IS A WITNESS & CAN STAMP TO VERIFY~~

Parent/Guardian Signature _____ Date _____

Notary Public Signature _____ Expiration Date _____