

**FRANKLIN CENTRAL HIGH SCHOOL BAND MEDICAL EMERGENCY FORM**

**IMPORTANT!!! COMPLETE MEDICAL INFORMATION BELOW  
2011-2012 SCHOOL YEAR**

**PLEASE ATTACH A COPY OF YOUR MEDICAL INSURANCE CARD (FRONT & BACK)  
TO BACK OF THIS FORM**

Student's name \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Parent(s) name(s) \_\_\_\_\_ Medical Insurance Company \_\_\_\_\_

Policy number \_\_\_\_\_ Group number \_\_\_\_\_ Subscriber Number \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_ Other immunizations \_\_\_\_\_

Allergies \_\_\_\_\_

Routine Medications \_\_\_\_\_ Nearest Relative(s) & Phone #'s \_\_\_\_\_

Physician name, address, & phone # \_\_\_\_\_

**Please describe past medical history and any current health concerns. Attach a separate sheet if necessary.**

---

---

---

---

*I hereby give permission to chaperones to dispense to my child general over-the-counter medicine such as ibuprofen, acetaminophen, allergy medicine, stomach relief medicine, etc.*

*Please list*

---

---

*Parent(s) Signature(s)*

*Date*

*I hereby give permission for emergency medical treatment of our child.*

*Parent(s) Signature(s)*

*Date*

*Attach a copy of Insurance Card on back of this document:*