

**EMERGENCY INFORMATION & MEDICAL DATA  
SUSQUEHANNOCK HIGH SCHOOL BAND**

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Sex** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Grade** \_\_\_\_\_ **SS#** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Parental email address** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Address (If different)** \_\_\_\_\_

**Home Phone (if different)** \_\_\_\_\_ **Cell#** \_\_\_\_\_

**Placement of Employment** \_\_\_\_\_ **Work** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Address (If different)** \_\_\_\_\_

**Home Phone (if different)** \_\_\_\_\_ **Cell#** \_\_\_\_\_

**Placement of Employment** \_\_\_\_\_ **Work** \_\_\_\_\_

**Emergency Contacts: In the event that a parent/guardian cannot be reached, please list 2 people who may advise us regarding the care of your child.**

**1. Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**2. Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**My child has permission to carry with them or be given by a chaperone the following meds.**

**Please check all that apply:**

\_\_\_\_\_ **Tylenol**    \_\_\_\_\_ **Ibuprofen**    \_\_\_\_\_ **Antacid**    \_\_\_\_\_ **Cough Drops**

\_\_\_\_\_ **Antihistamine**    \_\_\_\_\_ **Kaopectate**    \_\_\_\_\_ **Cold Medicine (must be provided by parent)**

**Medication that the student may carry** \_\_\_\_\_

**Is student currently under medical treatment for illness/injury? Yes / No (Circle One)**  
**If Yes, what is the nature of the illness/injury and treatment (if any)?** \_\_\_\_\_

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**Is student currently taking any medication? Yes / No (Circle One)**  
**If yes, what is name of the medicine, dosage & reason for taking?** \_\_\_\_\_

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**List any chronic health problems / allergies:** \_\_\_\_\_

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**Allergic to Medicine(s)? Yes / No (Circle one) List:** \_\_\_\_\_

**Date of last Tetanus shot** \_\_\_\_\_

**Student's Physician:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Health Insurance Provider:** \_\_\_\_\_

**Policy / Group Number:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Name of guarantor/Relationship to student** \_\_\_\_\_

**“I hereby authorize the physician/hospital to secure proper treatment for and to order medications, injections, anesthesia, and/or surgery for my child named above as needed. If at any time the aforementioned information must be changed, I will notify my child’s music director in writing.”**

**I GIVE MY PERMISSION FOR MEDICAL TREATMENT TO BE GIVEN TO MY CHILD IN THE EVENT OF AN EMERGENCY, TRAUMA OR CONDITION REQUIRING SUCH TREATMENT.**

**Signature of Father / Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Mother / Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_