Nation Ford High School 2019-20 Band Students Health History and Financial Responsibility Form This form must be filled out completely by a parent. Please print or type and a copy of your insurance card to back of this form

Student Last Name	First	MI	Age	Birthday	Sex
Home Address		City		State	Zip Code
Parent/Guardian 1 Name	Relationship to Student	Phone 1		Phone 2	
Parent/Guardian 2 Name	Relationship to Student	Phone 1		Phone 2	
Emergency Contact	Relationship to Student	Phone 1		Phone 2	
Physician's Name		Phone Number		Date of last Tetanus	
I give permission to administer th	ne following over the counter medic	eations:			
	puprofen Antacids			Benadryl	
Acctaninophen n	Antacius	Loperannue (miourum)		Denadi yi	
List any medications being taken	. Include Name, Dosage and Freque	ency:			
List any allergies to medications, reactions:	food, insect bites, etc., other health	problems or dietary res	rictions	(vegetarian). Pleas	e describe
Are there any restrictions to the s	tudent's activities? If so, please list	t them:			
NOTE: If you do not have insu	rance, please sign here to release t	the school/band from r	esponsib	ility:	
Parent/Guardian:			_ Date:		
Autho	rization Statement for Parti	cipation and Medic	al Trea	atment	
give first aid and administer over as soon as possible in the event n for medical treatment, which may merchandise signed for by my ch his/her participation in band that permission for my child to partici	ster medical treatment, including surthe –counter medication as deemed by child needs serious medical attent of not be covered by group insurance ild. I fully understand I am legally rare owed to Nation ford High School pate on all school-sponsored band a support all rules and regulations serious support all rules and regulations serious se	d appropriate. I understantion. I further agree to be a common I further agree to be I accept legal responsible for any other of or Fort Mill District Bactivities for the currents	nd all effect legally bility for expense and Book school y	orts will be made to responsible for all receipt of fundraisi s incurred by my cl ster Club. I also giv year including band	o contact me bills incurred ing hild during we my I camp and all

_ Date: _____

Parent/Guardian: