

Please do not FOLD, TEAR, OR STAPLE

# ABINGDON HIGH SCHOOL BAND STUDENT HEALTH DATA AND PERMISSION FORM 2012-2013

**Please Type or Print In Ink**

Name: \_\_\_\_\_ Student Cell Phone \_\_\_\_\_  
*Last First Middle*  
Street Address: \_\_\_\_\_ P.O. Box (if applicable): \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Month-Day-Year*

**Please give full name and relationship of each legal guardian where child resides:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell phone # (if applicable) \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell phone # (if applicable) \_\_\_\_\_  
Parents E-mail Address: \_\_\_\_\_  
Place of Work (father): \_\_\_\_\_ Phone: \_\_\_\_\_  
Place of Work (mother): \_\_\_\_\_ Phone: \_\_\_\_\_

**Alternate Emergency Contact If No Answer at Home or Work Numbers:**

#1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
#2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Information:**

**List all medication your child is currently taking that has been prescribed by a doctor:**

Name of Medication Dosage Times needed and instructions Treatment for (condition or illness)

Please list all known allergies that your child has (medicines, bee stings, etc.): \_\_\_\_\_

List special health conditions. Include any previous major illness, injury, or surgery & date of occurrence:

Date Of Last Tetanus Shot: \_\_\_\_\_ Do You Wear Contact Lens? \_\_\_\_\_  
Family Physician: \_\_\_\_\_  
*Name Address*  
Telephone: (office) \_\_\_\_\_ (home) \_\_\_\_\_  
Health Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

**A PHOTOCOPY OF YOUR INSURANCE CARD (both sides) IS REQUIRED (8 1/2 X 11 page)**

(You are encouraged to have the parent signature notarized on this document.)

The student named herein has my permission to participate in the activities of the 2012-2013 Abingdon High School Band and may receive any first aid and / or necessary medical treatment in case of sudden illness or injury. It is agreed that my child will obey the rules and regulations of the Washington County Schools, Abingdon High School and the AHS Band.

\_\_\_\_\_  
(Signature of parent or legal guardian) (Date) (Signature of student)

State of Virginia, County of Washington, To Wit:  
Sworn and subscribed to before me this, the \_\_\_\_\_ day of \_\_\_\_\_, 2012.

By \_\_\_\_\_, Notary Public, whose commission expires \_\_\_\_\_.

Please do not FOLD, TEAR, OR STAPLE