

Personal Medical Information Form/Emergency Information CHHS Band

Personal Information

Name:	Date of Birth:
Street:	Male / Female:
City:	Social Security Number:
State:	Telephone Number:
Zip Code:	

Health History

		Date of last Tetanus Shot
Kidney Injury	Yes No	List any Prescription Medications:
Heart Disease	Yes No	
Diabetes	Yes No	Known Allergies:
Asthma	Yes No	
Other Known Medical Problems:		

Health Insurance Plan

Physician

Provider:	Name:
Member ID:	Phone Number:
Group ID:	Address:
Phone Number:	

Emergency Contact 1

Emergency Contact 2

Name:	Name:
Relationship:	Relationship:
Phone Number	Phone Number

I, _____ for _____ hereby consent to emergency medical care at a hospital, and diagnosis procedures and medical treatment by the attending physician in the emergency department.

I hereby agree to hold the staff of Central Hardin High School, the Hardin County Board of Educatio, & CHHS Band Boosters harmless from any liability resulting from any of the said medical treatment.

I hereby authorize any director of the Central Hardin High School Band to sign any and all necessary releases, documents, or authorizations for _____ to receive any and all necessary emergency medical treatment.

I hereby agree to allow any director of Cental Hardin High School Band or medical aid appointee to administer first aid or emergency aide and to seek emergency care for the individual listed on this form.

Signature: _____
parent signature for minors

Date: _____