

**HEALTH INFORMATION FORM - Roosevelt Rough Rider Band 2006 - 07**

**STUDENT'S NAME:** \_\_\_\_\_ email: \_\_\_\_\_

ADDRESS/ZIP: \_\_\_\_\_ phone: \_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_ email: \_\_\_\_\_

ADDRESS/ZIP: \_\_\_\_\_ home/work phone: \_\_\_\_\_

**FATHER'S NAME:** \_\_\_\_\_ email: \_\_\_\_\_

ADDRESS/ZIP: \_\_\_\_\_ home/work phone: \_\_\_\_\_

**MEDICAL INSURANCE COMPANY:** \_\_\_\_\_

GROUP NUMBER: \_\_\_\_\_

SUBSCRIBER NAME & ID #: \_\_\_\_\_

Please list medications your student is currently taking (prescription and over-the-counter):

**Please list any student's medical concerns that chaperones should be aware of:**

(e.g., asthma, diabetes)

**EMERGENCY CONTACT** in the event that parents cannot be reached:

NAME: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

PHONE(s): \_\_\_\_\_

**PARENTAL AUTHORIZATION:** "In the event that I cannot be contacted, I consent to emergency medical care and treatment for my student at any authorized Roosevelt High School Band function during the 2007 – 08 school years."

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*\*\*

**ROSTER AND MAILING INFORMATION**

A roster containing student's name, grade, instrument, parents' names, addresses and phone numbers is compiled annually by the Band Boosters. Please indicate the names and addresses you would like on this roster and whether or not you require an additional mailing (i.e., as in the case of students with two separate parent households).

**PRIMARY LISTING:**

Parent's First/Last Name: \_\_\_\_\_ e-mail: \_\_\_\_\_

Address: \_\_\_\_\_ phone: \_\_\_\_\_

( ) include in roster ( ) include in mailings

**ADDITIONAL LISTING** (if necessary):

Parent's First/Last Name: \_\_\_\_\_ e-mail: \_\_\_\_\_

Address: \_\_\_\_\_ phone: \_\_\_\_\_

( ) include in roster ( ) include in mailings

**Please do not include my student's phone number or address on the roster. ( )**