

Tates Creek High School Band

2024-2025 Student Medical Record

For the protection and well-being of your child, it is imperative that ALL parts of this form be completed.

PART 1: Student Information

Last Name _____ First Name _____ Middle Name _____
Address _____ Zipcode _____
Phone (Home) _____ - _____ Date of Birth ____/____/____ Age _____ Instrument _____

PART 2: Parent/Guardian Information

Parent/Guardian Name _____ Relationship _____
Address (if different from Student) _____
Home Phone _____ Work Phone _____ Cell Phone _____
Email address _____

PART 3: Medical Insurance Information

Medical Insurance Provider _____
Policy # _____ Group # _____
Name of Insured _____

PART 4: Medical History

Allergies: Foods _____ Medicines _____ Insects _____ Plants _____

Explain _____

List any medications your child is currently on and reason _____

List any existing physical and /or medical conditions that may affect your child _____

Physician _____ Phone _____ Date of last Tetanus shot _____

Part 5: Over the Counter Medications

See Fayette Co. Public Schools Policy

(<http://www.fcps.net/administration/departments/health-safety/health/concerns/medication>)

This certifies that, to the best of my knowledge, _____, is in good health and may take part in the Tates Creek 2024-2025 Band program.

I further authorize any certified medical personnel to proceed with emergency medical treatment, x-rays, anesthesia, surgical operations, etc. in the case of an accident, or health emergency involving _____ knowing the band director will contact me as soon as possible. I understand that no one connected with Tates Creek High School or the Tates Creek Band Parent Association assumes liability for any injury incurred by the participant. I also understand that any and all necessary treatments shall be at my expense and I agree to pay all medical costs incurred by my child including hospital bills, physician fees, and ambulance fees.

Parent or Guardian Signature

Date

Relationship

STATE OF KENTUCKY, COUNTY OF FAYETTE

Subscribed, sworn, and acknowledged before me on this the _____ day of _____, 20_____

My commission expires _____ . Notary

Public, State of KY. At Large