

Tates Creek High School Band

2022 - 2023 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 2022-2023 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