

FRANKLIN CENTRAL HIGH SCHOOL BAND MEDICAL EMERGENCY FORM

**IMPORTANT!!! COMPLETE MEDICAL INFORMATION BELOW
2008-2009 SCHOOL YEAR**

**PLEASE ATTACH A COPY OF YOUR MEDICAL INSURANCE CARD (FRONT & BACK)
TO THIS FORM**

Student's name _____ Birth date _____

Address _____

Home Phone Number _____ Emergency Phone _____

Parent(s) name(s) _____ Medical Insurance Company _____

Policy number _____ Group number _____ Subscriber Number _____

Date of last tetanus shot _____ Other immunizations _____

Allergies _____

Routine Medications _____ Nearest Relative(s) & Phone #'s _____

Physician name, address, & phone # _____

Please describe past medical history and any current health concerns. Attach a separate sheet if necessary.

I hereby give permission for emergency medical treatment of our child.

Parent(s) Signature(s)

_____ *Date* _____

Attach Insurance Card Here: