

## 2023-24 Blue Machine Medical Form



Student: \_\_\_\_\_ Grade 2023-2024: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month, \_\_\_\_\_ Date, \_\_\_\_\_ Year \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_ Email \_\_\_\_\_

Home tel. #: \_\_\_\_\_ Cell. Phone #: \_\_\_\_\_

**In an EMERGENCY, call the following person or persons**

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_

**Parents' work location and numbers:**

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

*My child, \_\_\_\_\_, has my permission to participate in the 2023 CHHS Band Camp and ALL band activities for the 2023-2024 school year. I understand and agree that my child must follow the policies and guidelines of Charles Henderson High School and the Troy City Board of Education. The responsibility for his / her safety is their own. The school's policy states that students are prohibited from carrying prescription or non prescription drugs on their person while at school or at a school function unless a parent/guardian has contacted the administration so that medication policies may be explained and followed. Please see the school nurse so that your child may have her inhaler or other necessary medications if needed.*

Parent/Guardian Signature: \_\_\_\_\_

Contact lenses? YES \_\_\_\_\_ NO \_\_\_\_\_

**List any medical conditions or allergies that could require medical attention or any special instructions for treatment:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list the medications your child is taking:**

\_\_\_\_\_  
\_\_\_\_\_

*I, \_\_\_\_\_, give my permission for my child, \_\_\_\_\_, to be treated in case of a medical emergency while with the CHHS Band. (date) \_\_\_\_\_ -2023*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Please supply a photocopy of your insurance card...just in case.