

**FRANK W. COX HIGH SCHOOL ORCHESTRA  
MEDICAL INFORMATION & PERMISSION FOR EMERGENCY CARE**

Student's Name (Last, First MI): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**In case of emergency or illness, when parents cannot be reached at the above numbers, the following persons will assist in contacting the parents:**

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

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

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

Policy Number or other identification number: \_\_\_\_\_

Student's physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical History:** (Please check)

- No health problems
- Diabetes
- Asthma
- Epilepsy or other seizures
- Orthopedic problems
- Other health problems (specify): \_\_\_\_\_

**Allergies:** (Please check)

- None known
- Aspirin
- Penicillin
- Tetracycline o Insect stings
- Other medication or food allergies (Specify): \_\_\_\_\_

**Orchestra Ensemble:** \_\_\_\_\_ **Current Grade:** \_\_\_\_\_

Date and type of last immunization: \_\_\_\_\_

May we give the student Acetaminophen (Tylenol) for headache or minor pain? (circle one) YES/ NO

Is your student presently taking medication? (circle one) YES/ NO

If yes, please list medications and directions:

**Parent or guardian signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please complete and return to Orchestra Director/All information for nurse use only and will not be shared.