OWATONNA HIGH SCHOOL SUMMER MARCHING BAND

SUMMER 2018

MEDICAL INFORMATION FORM

Student Name: _____

Parent/Guardian Name: (M) _____

(D) _____

Address: _____ Home Phone: _____

_____ email:_____

Parent Cell: (M) _____ (D) _____

Work Number: (M) _____ (D) _____

Emergency Contacts, if unable to reach parents:

Name: _____ Phone: _____

Name: _____ Phone: _____

Insurance and Confidential Medical Information:

Provider: _____

Group Number/ID Number: _____

Primary Care Physician: _____

Current Medical Conditions/Allergies: _____

_____

Current Medications: _____

Other Information or Conditions we should know about:_____

_____

_____

By signing below, I hold the Owatonna Public Schools (ISD #761) harmless for the 2018 Summer Marching Band Season.

Parent Signature_____