DEER LAKES BAND EMERGENCY TREATMENT FORM

Student Name:					Grade:		
	Last		First		Instrument or Guard:		
Address:					_ Birthdate:		
						***************************************	M1.441.64.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4
Father/Stepfather/Guardian					_ Home Phone: Cell Phone		
(Please circle one) Employer:					Business Phone:		
Mother/Stepmother/Guardian					Home Phone:		
(Please circle one) Employer:					Cell Phone Business Phone:		<u></u>
The well being of any student	ie a naren	tal responsi	bility In an	emergency e		e to conta	oct the parent
9	•	•		-	ve may contact:	e to conta	or the parent.
					Ohana		
Relative or Friend:					_ Phone:		
Relative or Friend:		,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			_ Phone:		
Medical cor	nditions tha	at the Band	Director, Si	taff and Chape	erones should be awar	e of:	
Asthma?	Yes	No No	Inhaler?	**************************************	Bee Sting Reaction Diabetes	Yes Yes	No No
Epilepsy Heart Disease	Yes Yes	No No			Any other Conditions		NO
These medical conditions will injuries that we should be aw accident, torn ligaments, musc	are of that	t may affect	the student	ts participatior mental condit	in the band (broken b	ones, trau	ıma from an
			10(1)				
I give permission for my child	to have a			ylenol, Excedi Chaperone.	rin, Ibuprofen, or sinus	medicatio	on if the child
If my child needs immediate parents or family doctor, yo				child to the ne			
Date:				Parent's S	iigna		
Insurance Company:						_	
Policy Number:							
Primary Doctor:					Phone Number:		
Family Dentist:	**************************************	······································		······································	Phone Number:		