

Castle Band Medical Form
Castle High School, Newburgh, IN - Warrick County School Corporation

Student Full Name _____ Graduation Year _____ Birthdate _____

Cell Phone _____ Home Phone _____

Student Address _____ City _____ State _____

Father/Guardian _____

Mother/Guardian _____

Cell Phone _____

Cell Phone _____

Home Phone _____

Home Phone _____

Place of Employment _____

Place of Employment _____

List Medications currently taking:

List reasons for taking medication:

List Allergies:

Special Dietary Needs:

Date of Student's Last Tetanus Injection _____

Physician's Name _____ Phone Number _____

Insurance Company _____ Policy Number _____

OTHER CONTACT INFORMATION

Emergency Contact #1 _____

Emergency Contact #2 _____

Relationship _____

Relationship _____

Cell Phone _____

Cell Phone _____

Home Phone _____

Home Phone _____

In case of accident or serious illness, parents/guardians/relatives/friends will be contacted. If they cannot be contacted, and the above named needs emergency medical treatment, consent is hereby given for such emergency treatment as may be considered necessary in the opinion of the attending physician. Authorization is also given for any of the listed medications on this form to be administered, if necessary, to the above named individual.

Signature (digital or handwritten) _____ Date _____