

**PELL CITY HIGH SCHOOL BAND
STUDENT HEALTH HISTORY/MEDICAL RELEASE**

STUDENT'S FULL NAME _____
(FIRST) (MIDDLE) (LAST)

ADDRESS _____
(STREET/APT) (CITY) (STATE) (ZIP)

STUDENT'S LAST FOUR SOCIAL _____ STUDENT CELL _____

PARENT/LEGAL GUARDIAN _____ CELL _____

EMAIL _____

EMERGENCY CONTACT (OTHER THAN PARENTS) _____
(NAME & NUMBER)

STUDENT'S DATE OF BIRTH _____
MM DD YYYY

SURGERY WITHIN LAST YEAR _____

DIABETES _____ EPILEPSY _____ ALLERGIES _____

PLEASE SPECIFY _____

CURRENT MEDICATIONS _____

ANY CURRENT MEDICAL CONDITIONS TREATED BY PHYSICIAN _____

FAMILY PHYSICIAN _____ PHONE _____

ATTACH A COPY OF INSURANCE CARD PLEASE

HEALTH INSURANCE COMPANY CO. _____

CONTRACT NUMBER _____ GROUP _____

I, THE UNDERSIGNED PARENT/LEGAL GUARDIAN, DO HEREBY GIVE PERMISSION TO THE STAFF OF PELL CITY HIGH SCHOOL TO SEEK AND OBTAIN MEDICAL CARE AND DO HEREBY RELEASE AND HOLD HARMLESS THE AFOREMENTIONED SCHOOL OFFICIAL/SCHOOL FOR ANY AND ALL CLAIMS.

PARENT'S SIGNATURE _____