**BASSETT HIGH SCHOOL BAND**

*EMERGENCY MEDICAL TREATMENT FORM 2025-2026*

Student Name Birth Date

Mailing Address

City, State, Zip

Father Name Father Home Phone #

Father Cell # Father Work #

Mother Name Mother Home Phone #

Mother Cell # Mother Work #

Nearest Relative (list relationship)

Nearest Relative Phone Number(s)

Past Illnesses

Booster chaperones have permission to administer over the counter medicine if needed. YES\_\_\_ NO \_\_\_\_

Allergies (please be specific)

Routine Medications:

Current Health Concerns: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Other Important Medical History

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Parent Signature: Date: