

BASSETT HIGH SCHOOL BAND

EMERGENCY MEDICAL TREATMENT FORM 2024-2025

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 _____

Parent Signature: _____ Date: _____