

Medical Information Form 2026-2027



Student Name _____ Nickname _____

Student Number _____ Date of Birth _____ Age _____ Grade 9 10 11 12

Home Address _____

Parent/Guardian Information

Name	Cell Phone	Work/Home Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student Lives With (circle) Both Parents Mom Dad Other _____

If you cannot be reached in an emergency, who do you authorize to take your student home?

Name	Relation	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical History

Allergies to (circle all that apply) None Food Insects Medication Other _____

List allergy/allergies & treatment _____

Vision/Hearing/Speech Conditions ☐ Yes ☐ No _____

Other specific medical conditions not noted ☐ Yes ☐ No _____

Medications & Purpose _____

Medications needed during band or color guard activities require proper school district documentation. Please contact a band director or the Tate High School clinic staff.

Medical Insurance Information

Name of Medical Insurance _____ Policy # _____

Policy Holder Name _____ Employer _____

Physician Name _____ Phone # _____

Hospital Choice _____

Parent Guardian Signature _____ Date _____