



South Gwinnett Band Association, Inc P.O. Box 581, Snellville, GA 30078

A non-profit corporation in support of the South Gwinnett High School Band Program

South Gwinnett Band Medical Form

PLEASE PRINT CLEARLY!

Students Name: _____

EMERGENCY INFORMATION

Parents name and cell phone number:

1. _____

2. _____

In the event that a PARENT CANNOT BE REACHED, who should be contacted in an emergency.

Name	Phone Number	Relationship
1. _____	_____	_____
2. _____	_____	_____

MEDICAL HISTORY.

Chronic Illness: _____

Date of most recent Tetanus Booster: _____

Medication and doses taken regularly: _____

Allergies: _____

Family Physician (name and phone number)

Insurance Provider & Phone Number

Policy Number _____ Group Number _____

EMERGENCY AUTHORIZATION. I hereby authorize the South Gwinnett Band Association, Inc. and/or the director to obtain a physician of its choice and any emergency care that may become reasonably necessary for my student in the course of band activities. I also agree not to hold the school or SGBA or anyone acting in its behalf responsible for any injury occurring to the above named student in the course of such activities or travel. SGBA may administer over the counter medications as requested and/or deemed necessary with the exception of any that you list here:

_____ Parent or Guardian Name - Please Print

_____ Parent or Guardian Signature and Date