

Form 9

-- CONFIDENTIAL --

DEPARTMENT OF EDUCATION
Cheshire, Connecticut
STUDENT MEDICAL INFORMATION FORM
(Parent/Guardian Signature MUST BE NOTARIZED)

Student's Name _____ Date of Birth _____

(Last) (First)

Address _____

(Number and Street)

Parents' or Guardians' Name(s) _____

Home Phone _____ Alternate Phone _____

Family Physician _____ Phone _____

Preferred Hospital _____

1. Insurance information: Attach a copy of the front and back of your current insurance card to this form. This will assist the trip leaders/chaperones in obtaining prompt medical or dental treatment for your child.
2. List any allergies, e.g. food, environmental, medication and specific degree of severity and current treatment.

3. List any current activity restrictions or special health concerns, e.g., special diet, recent hospitalizations, fractured bones, sleepwalking, etc. _____

4. List any medication requirements (day and night if needed). _____

5. If your child /ward is taking medication (prescription, over the counter, or self-administered), complete an **"Authorization for the Administration of Medicine by School Personnel"** form for each medicine.

If it is necessary for my child's/ward's health to have medical, surgical and dental care administered, I give my permission for the trip/activity leader to authorize this care for my child/ward _____ for all Music Department, Marching Band and/or Winterguard activities and field trips from July 1, 2011 to June 30, 2012.

DATE _____	SIGNATURE _____	
	RELATIONSHIP _____	

NOTARY PUBLIC:

Acknowledged before me, the undersigned officer, this ____ day of _____, _____.

Notary seal required

_____ My Commission Expires _____