

William T. Dwyer High School Band Student / Medical Information

Please print clearly and complete all areas. The reverse side of this form must be notarized for medical treatment in Palm Beach County. Please notify the Band Booster's Secretary of any changes.

Student Name:

Parent/Guardian Information:			
Mother / Guardian		Father / Guardian	
Name:		Name:	
Home #		Home #	
Cell #		Cell #	
Work #		Work #	

Who has full custody of student:
 Mother Father Both Parents Other: _____

Emergency Contact Names			
Name:		Relationship	
Home #		Cell #	
Name:		Relationship	
Home #		Cell #	

Other than parents &/or guardians, who may remove student from school:

Allergies: List ALL allergies to food, medications, etc.

Medical Condition: List any special medical problems

Medications: List ALL medications your child is currently taking, describe dosage

Student's Health Insurance Information:		
Carrier Name:	Group Number:	Policy Holder Name:

Physician's Name & Phone #	
Date of last tetanus shot:	

