



# Edmond North High School Band

Re: Health Record  
Emergency Medical Care Release  
Health Insurance Information  
Parent's Permission for Excursion

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**Health Record**

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Alternate phone numbers: \_\_\_\_\_

In an Emergency, If Parent/Guardian Cannot be Reached Notify: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ Relationship \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

List Prescription Medications, including dosage, currently taking: \_\_\_\_\_

Used for: \_\_\_\_\_ Side Effects: \_\_\_\_\_

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**Emergency Medical Care Release**

If your child sustains a non life-threatening injury, Oklahoma law requires that a hospital have parental consent before beginning treatment.

I the undersigned parent or legal guardian of \_\_\_\_\_, do hereby give and grant unto any medical doctor or hospital, my consent and authorization to render such aid, treatment, or care to said student as, in the judgment of said doctor or hospital may be required on an emergency basis, in the event said student should be injured or stricken ill while participating in any Band event or excursion activity if unable to reach me.

**Parent or Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witness Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Health Insurance Information (Please note "None" if you do not have health insurance)**

Insured's Name \_\_\_\_\_ Insurance Company \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

Insurance Company Phone Number \_\_\_\_\_ Policy/Plan/Group Number \_\_\_\_\_

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**Parent's Permission for Excursion**

The undersigned, a legal guardian/parent of \_\_\_\_\_ requests that said student be permitted to engage in all school activity excursions approved by the Music Department during the current school year; and, as a prerequisite consideration, agree: that only general supervision of the student in the activities can be given; that neither the school district nor any of its employees are liable for any injury of the student from such activity, including use of school or chartered bus or private conveyance; and to hold the school district and all of its employees harmless on any claim for damages made by or for growing out of those approved activities, including all expense of defending same.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_