



**JUPITER HIGH SCHOOL BAND**  
**HEALTH INFORMATION AND AUTHORIZATION**  
**2018-2019 SCHOOL YEAR**

Students must turn in a complete, notarized health form BEFORE participating in any co-curricular band activity. One form per school year.

**PRINT legibly BLACK OR BLUE in ink. Fill in all blanks.**

**NOTARY: DO NOT NOTARIZE UNLESS THE ENTIRE FORM HAS BEEN COMPLETED**

**STUDENT INFORMATION**

FULL NAME					
	<i>Last Name</i>	<i>First Name (official)</i>	<i>M.I.</i>	<i>Nickname</i>	<i>M/F</i>
Home Phone:			Student Phone:		
Student E-mail Address:					
Student Number:			Birth Date (mm/dd/yyyy):		
Home Address:					
<i>Street Address</i>				<i>Apartment/Unit #</i>	
City, State ZIP:					

**PARENTS/GUARDIANS**

Student lives with (check ✓ one): <input type="checkbox"/> Both parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Guardian <input type="checkbox"/> Other:	
<b>Mother's Name:</b>	Mother's Email:
Mother's Home Phone:	Mother's Cell Phone:
Mother's Employer:	Mother's Work Phone:
<b>Father's Name:</b>	Father's Email:
Father's Home Phone:	Father's Cell Phone:
Father's Employer:	Father's Work Phone:
<b>Name of Preferred EMERGENCY Contact (other than parents):</b>	
Primary Phone:	Alternate Phone:
Relationship to Student:	

**★★ MEDICAL INFORMATION - FILL OUT COMPLETELY ★★**

<b>PRIMARY DOCTOR'S NAME:</b>	Year of Last Tetanus Shot:	
Doctor's Phone:	Hospital Preference:	
<b><u>Current Prescription &amp; Over the Counter MEDICATIONS</u></b> <b><u>AND dosage (Notify us if there are ANY changes)</u></b>	<b><u>ALLERGIES</u></b> <b><u>(foods, meds, etc.)</u></b>	<b><u>MEDICAL CONDITIONS</u></b>
<input type="checkbox"/> Check (✓) if none	<input type="checkbox"/> Check (✓) if none known	<input type="checkbox"/> Check (✓) if none known
	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Asthma
	<input type="checkbox"/> Cephalosporin	

**JUPITER HIGH SCHOOL BAND**  
**HEALTH INFORMATION AND AUTHORIZATION**

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

**★★ HEALTH INSURANCE INFORMATION ★★**  
**FILL OUT COMPLETELY**

<input type="checkbox"/> Check (✓) if My child is <b>NOT</b> covered by insurance	
Name of Policy Holder:	Policy Holder Relationship to Student:
Insurance Company:	Customer Service Phone:
Insurance Address:	City/State/ZIP:
ID #:	Group #:

**★★ AUTHORIZATIONS AND PERMISSIONS ★★**  
**FILL OUT COMPLETELY**

Check (✓) I hereby **PERMIT** my child, \_\_\_\_\_, to participate in ALL band-related activities.  
*Name of child*

**SPECIFY ANY PROHIBITED ACTIVITIES:** \_\_\_\_\_

---

I hereby authorize a representative of the JHS Band to give the following over the counter medications to my child,  
 \_\_\_\_\_, if necessary:  
*Name of child*

Check (✓) the ones you **ALLOW**:

<input type="checkbox"/> Ibuprofen (Advil, Motrin)	<input type="checkbox"/> Aspirin	<input type="checkbox"/> Midol
<input type="checkbox"/> Acetaminophen (Tylenol)	<input type="checkbox"/> Benedryl	<input type="checkbox"/> Pamprin
<input type="checkbox"/> Naproxen (Aleve)	<input type="checkbox"/> Cortisone (Ointment)	<input type="checkbox"/> Pepto-Bismol

Specify any **PROHIBITED** over the counter medications: \_\_\_\_\_

---

Check (✓) I **AUTHORIZE** an adult representative of the JHS Band to treat my child's minor illnesses with common remedies, such as Band-Aids, ice, heat, aloe, throat lozenge, antacid, etc.  
**If this is not checked, no one but your child's parent or guardian can do anything of this nature.**

**LIST ANY LIMITATIONS ON TREATMENT (TREATMENT WHICH YOU WILL NOT ALLOW):**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

★ ★ ★ ★ ★ ★  
**VERY IMPORTANT:**  
**THE NEXT PAGE MUST BE NOTARIZED**  
**FOR THIS FORM TO BE COMPLETE**  
 ★ ★ ★ ★ ★ ★

**JUPITER HIGH SCHOOL BAND  
HEALTH INFORMATION AND AUTHORIZATION**

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

**Read the following agreement carefully.  
You ARE REQUIRED to have this form NOTARIZED before turning it in.**

**PERMISSION FOR PARTICIPATION AND TREATMENT  
in the JUPITER HIGH SCHOOL BAND PROGRAM in 2018-2019**

**This form MUST BE NOTARIZED.**

**NOTARY: DO NOT SIGN UNLESS ALL SPACES BELOW HAVE BEEN FILLED OUT  
AND ALL THREE PAGES OF THE FORM ARE ATTACHED.**

I hereby attest that the health history and information provided herein are correct and complete to the best of my knowledge, and that my child, \_\_\_\_\_, has permission to engage in all Jupiter High School band sponsored activities unless otherwise noted by me in this section, including, but not limited to, practices, performances and travel.

I hereby authorize an adult representative of the JHS Band to secure proper treatment as determined by a physician, in case of emergency, for my above-named child.

I also authorize a physician or hospital selected by an adult representative of the JHS Band, in case of emergency, to provide proper treatment including, but not limited to, hospitalization, injections, anesthesia, surgery, and/or other medications deemed necessary by said physician or hospital at the time.

I also grant permission to release medical information on my son/daughter incident to his/her participation in the above activities.

I will assume financial responsibility for this medical treatment either directly or through insurance.

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent or Guardian

STATE OF FLORIDA, COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this \_\_\_\_\_ by \_\_\_\_\_  
(Date) (Name of person acknowledging)

who is personally known to me or has produced \_\_\_\_\_ as identification and who did (did not) take an oath.  
(Type of identification)

\_\_\_\_\_  
(Signature of Notary Public) NOTARY PUBLIC

Commission No. \_\_\_\_\_

\_\_\_\_\_  
(Name of Notary typed, printed or stamped)

★ ★ ★ ★ ★ ★  
**VERY IMPORTANT:**  
**ATTACH A PHOTOCOPY OF THE BACK AND FRONT**  
**OF YOUR INSURANCE CARD TO THIS FORM**  
★ ★ ★ ★ ★ ★