



Student Information

First Name:	Last Name:
Address:	
City	Zip:
Home Phone:	Student Email:
Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>

Parent Information

Mother's Name:	Father's Name:
Address:	Address:
Occupation:	Occupation:
Daytime Phone:	Daytime Phone:
Cell Phone:	Cell Phone:
E-Mail:	E-Mail:

Student Food Allergies:

Medical Treatment Authorization

So that we may properly discharge our responsibilities for your child's welfare, it is mandatory, and a condition of your child's membership with the band, that this form be filled out completely and signed and dated by at least one parent or guardian. In case of a serious accident or illness, it is imperative that school personnel or members of the boosters be aware of any serious medical conditions and can quickly reach a parent or guardian.

Student Identification

Name	Grade
Address	DOB
Phone	

Family Information in Case of Emergency

Mother's Name	Father's Name
Mother's Employer	Father's Employer
Mother's Wk #	Father's Wk #
Mother's Cell #	Father's Cell #
Neighbor/Relative	Phone
Neighbor/Relative	Phone
Family Physician	Office #
Health Insurance Carrier	Policy ID#
Name of Insured	Group #

Student Medical Information

All health problems of the above-named student, past and present, which may limit physical activity and /or be aggravated or worsened by physical activity, and/or which should be known in the treatment of an illness or injury MUST be known. Please check below if the above-named student has or has had any of the following:

Chronic Knee Problems	Bee Stings	Hyperventilation
Chronic Ankle Problems	History of Epilepsy	Heart Related Problems
Chronic Back Problems	History of Diabetes	Chronic Cough
Chronic Foot Problems	GI Disorders/Problems	Food Allergies
Metabolic/Thyroid Disorders	Drug Allergies	Asthma
Other	Other	Non Known

If any of the above items have been checked, please provide an explanation on back.