

ELHS Band Medical Form 2025-2026

Student's Full Name:	Date of Birth:	
Parent or Guardian:	Phone:	
Parent or Guardian:	Phone:	
Emergency Contact #1:	Phone:	Relationship:
Emergency Contact #2:	Phone:	Relationship:

INSURANCE (optional):

Insurance Company:	Policy #:	Group #:
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Name of Primary Insured:

Primary Insured's Place of Employment: Phone:

EXISTING CONDITIONS:

Is your student diabetic? **YES** **NO**

Explain:

**The student should be prepared to self-treat/regulate within reason.*

Does your student have asthma? **YES** **NO**

If so, does he/she use an inhaler? **YES** **NO**

**The student must carry their inhaler on their person.*

Does your student have food or other allergies that require an Epi Pen? **YES** **NO**

Explain:

**The student must carry their Epi Pen on their person.*

Please explain your student's existing medical conditions. List known allergies and side effects:

MEDICATIONS: Please list any medications your student is currently taking. Include the name of the medication and dosages.

Medication	Dosage	Medication	Dosage
1.		3.	
2.		4.	

I authorize, East Limestone High School (Mr. Mark McChristian or the Band Appointed Nurse), to administer over the counter medications (i.e., Tylenol, Advil, etc.) as needed for my child. **YES** **NO**

I authorize, East Limestone High School, to obtain medical care for my child in the event such care is needed. I understand that if possible, I will be contacted should my child require medical attention. I grant to a licensed physician or accredited hospital, permission to perform any medical and/or surgical procedures that are essential for the treatment of my child and agree to be responsible for the payment of such care. I release the East Limestone High School, Limestone County School District, and its chaperones/employees from any damages, liability or loss resulting from their securing good faith medical care for my child. I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter.

Printed Name of Parent/Guardian

Parent/Guardian Signature

Date