



Grade _____

LHS BAND

2006 - 2007

Student Health History/Permission Slip

Student's Name _____
FIRST MIDDLE LAST

Name Student is called _____ Home Phone _____

Sex: M F Date of Birth ____/____/____ Social Security # ____-____-____

Uniform Info: Height ____ ft. ____ in. Measurements: (at fullest) Chest ____ Hips ____

Shoe size ____ Shirt size(adult) _____ Pants Size X
S / M / L / XL / XXL W # X L #

Parent's Names _____

Mailing Address: Street _____

City _____ SC Zip _____

E-Mail Address _____

Father's Place of Employment _____ Phone _____
Cell Phone/Pager # _____

Mother's Place of Employment _____ Phone _____
Cell Phone/Pager # _____

Relative or Other Responsible Party _____ Phone _____

HEALTH HISTORY: Please describe (on back of form) any medical problems, conditions, allergies, medications, or special needs that are pertinent information for a chaperone or physician.

Check One: Student in Excellent Health (no remarkable conditions)
 Pertinent Health Information Listed on Reverse Side

INSURANCE COMPANY _____

Identification # _____ Name of Insured _____

Family Doctor _____ Phone _____

This is permission for treatment of this child by a physician and/or at a hospital for any medical or surgical emergency. I relieve Lexington High School, the County and District Boards, the Administrators, the Teachers and Chaperones of any liability for any accident/injury that may occur under reasonably prudent supervision.

Signature of Parent or Guardian

Date

Please fill out this form, and return it to Dr. Gatch or Mr. Clark your first week of Band Camp. Thank you.

