

Vero Beach High School Orchestra

Medical Form – 2023-2024

(Please Print All Information – This Form is to be notarized)

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD.

Student First Name _____ Last Name _____

Student Medical Information

Emergency Contact Name: _____ Phone: _____ Physician Name: _____ Phone: _____

Please CIRCLE the appropriate response to the following health related questions and explain if the answer is “yes”:

Does the above-named student have (presently or within the past 12 months) the following health related issues or problems?

- Frequent or severe headaches? Yes No
• Neck, shoulder or back injuries? Yes No (explain which)
• Knee or foot injuries? Yes No (explain which)
• Heart, blood pressure, breathing, diabetic conditions? Yes No (explain which)
• Food allergies? Yes No (please list which)
• Medication allergies? Yes No (please list which) • Been restricted from PE, Band, Sports, or other related activities due to an injury? Yes No (list which)

List any medical condition that the student may have not covered in the above list and explain.

List any medications that the student takes on a regular basis. Please include the condition or illness the medication is for.

Parent - Guardian Statement (Sign the following statement in Presence of Notary only.)

I certify and verify that the above health information is correct to the best of my knowledge and that my student is physically fit and free of any health problems that would prevent them from fully participating and performing in all aspects of the Vero Beach High School Orchestra.

I, the undersigned parent or legal guardian of the above-named student grant full permission to any physician or hospital to take any action deemed necessary in case of an accident or illness.

PARENT OR GUARDIAN PRINTED NAME: _____

PARENT OR GUARDIAN SIGNATURE: _____

STATE OF FLORIDA

COUNTY OF INDIAN RIVER

The foregoing instrument was acknowledged before me by (parent/guardian) _____ who is personally known to me or who has produced (type of ID) _____ as identification and who executed the foregoing instrument and he/she acknowledged before that he/she executed the same this _____ day of _____, 20__.

_____ Notary Public, State of Florida (NOTARY SEAL)