

Scottsdale Unified School District  
Band Member Student Medical Form

Student Name and School I.D. #: \_\_\_\_\_

Student grade: \_\_\_\_\_ Student instrument/section of the band: \_\_\_\_\_

School: Chaparral High School

Class that has arranged trips and events: Chaparral High School Bands

Trip Supervisor: Band Director – Mrs. Jennifer Mireau

**1. Student Medical Help information:**

Parent / Guardian name: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

Patent / Guardian name: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

Student Date of birth: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Student is covered by the following Insurance Company: \_\_\_\_\_

Insurance phone number: \_\_\_\_\_ Policy number: \_\_\_\_\_ Group number: \_\_\_\_\_

**You may just copy the students Medical Insurance Card and staple the page to this form.**

**2. Any Medical condition that the trip Supervisor needs to be aware of:**

**3. Any Medications the trip Supervisor needs to help administer or be aware of:**