

**Colonial Forge Bands Medical Information Form  
2006-2007**

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Please list any health problems that might be significant to a physician evaluating your child in an emergency.

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Please list any allergies to medications or other serious allergies.

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Has student been prescribed and inhaled or epipen?       Yes     No

If so, what type and for what illness? \_\_\_\_\_

Is student presently taking other medication?     Yes     No

If so, what type? \_\_\_\_\_

Does student wear contact lenses?     Yes     No      Date of last Tetanus shot: \_\_\_\_\_

**EMERGENCY AUTHORIZATION:** In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the Director and Staff of Colonial Forge High School, to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above.

Daytime Phone Number (where you can be reached in an emergency) - (\_\_\_\_\_) \_\_\_\_\_

Evening Phone Number (where you can be reached in an emergency) - (\_\_\_\_\_) \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

**\* Medical Information Form may be reproduced to travel with respective teams and is acceptable for emergency treatment needed.**

I certify that the above information is correct \_\_\_\_\_  
Parent/Guardian Signature

**PHOTOGRAPHS AND ELECTRONICALLY PUBLISHED STUDENT INFORMATION**

Colonial Forge High School publishes a variety of information about our school, its students and their activities in print and/or on a portion of the Internet known as the World Wide Web. Students are sometimes photographed, videotaped or interviewed while participating in school activities. From time to time we may wish to include your child's name, photograph or videotaped performance in an article or on our Web page. This information may be published in order to recognize achievement or in conjunction with the display of your child's work on the Web.

If you **do not** desire that your child's name, photograph or work be published in print or on the World Wide Web please complete and sign the Opt-out form below.

\_\_\_\_\_ I **do not** desire that my child's name, photograph or work be published in print or on the World Wide Web.  
(initial)