



WHITELAND COMMUNITY HIGH SCHOOL BAND
300 MAIN STREET - WHITELAND, IN 46184

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WCHS Choral Department Medical Form

Student Name _____

Age _____

Address _____

Home Phone _____

Parents Names _____

Mother cell # _____ Father cell # _____

Other cell (Name, number, and relationship to student) _____

FIRST NUMBER WE SHOULD CALL _____

Existing medical conditions and/or food/medicine allergies _____

Carry an inhaler? _____ Contact lenses? _____

Current medications and dosages

Any other condition we need to know about? _____

Emergency Procedure Permission

I, the undersigned parent or legal guardian, give permission for my child to be treated as necessary by a doctor in an emergency medical situation. I, the undersigned parent or legal guardian, give permission for my child to be given an over-the-counter pain medication, stomach remedy, or cold medicine if necessary by a director and/or an adult chaperone.

Medical Insurance Carrier _____ Policy # _____

Name of Person carrying Insurance _____

Parent/Guardian signature _____