



Washburn Rural Health & Medical Record - REQUIRED

This form contains personal information about students for the Washburn Rural Band. This information will be kept confidential and only used in case of medical emergency. Filling this form out accurately and completely will help provide the best care possible.

Personal and Health Information

Student Name _____ Date of Birth _____ SSN _____

Address _____

Allergies (food and meds) _____

Chronic or existing diseases or conditions (diabetes, epilepsy, asthma, etc) _____

Medications student is taking (prescription and over-the-counter) _____

Insurance Information

Medical Insurance Carrier _____

Group # _____ Policy # _____ Name of Policyholder _____

Emergency Contact Information

Parent/Guardian Name _____ Email _____

Home phone _____ Cell Phone _____ Work Phone _____

Parent/Guardian Name _____

Home phone _____ Cell Phone _____ Work Phone _____

Family Physician _____ Physician Phone _____

Consent to Treat

I (we), the undersigned parents/guardians of _____, a minor, do hereby authorize Luke Chaffee or his designates to consent to routine x-ray examination, anesthetic, medical or surgical diagnoses or treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of the physician or hospital during the time that the minor is under supervision. This authorization shall remain effective for the school year.

Parent/Guardian Signature _____

Parent/Guardian Signature _____

REQUIRED: Attach a photocopy of your medical insurance card to this form.