

Health Form  
2022-2023 Soddy Daisy High School Band

**Mail to:** Soddy Daisy HS Band  
618 Sequoyah Rd.  
Soddy Daisy, TN 37379

Grade \_\_\_\_\_  
Instrument \_\_\_\_\_

**A completed health form with parent's signature and a copy of current insurance card must be on file when Band Camp begins. All items must be completed by a parent or guardian.**

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Last First Middle mo/day/year

Student's Address \_\_\_\_\_  
Number Street City State/Zip

Father's Name \_\_\_\_\_

Father's Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Father's Address \_\_\_\_\_  
Number Street City State/Zip

Mother's Name \_\_\_\_\_

Mother's Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Mother's Address \_\_\_\_\_  
Number Street City State/Zip

Family e-mail address: \_\_\_\_\_

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**A COPY OF YOUR INSURANCE CARD EXPEDITES TREATMENT IN THE EMERGENCY ROOM. PLEASE ATTACH A COPY OF INSURANCE CARD TO THIS FORM.**

No medical insurance at this time \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Insurance Company Address \_\_\_\_\_  
Number Street City State/Zip

Group # \_\_\_\_\_ ID# or subscriber # \_\_\_\_\_

Type of Insurance: Private \_\_\_\_\_ Group \_\_\_\_\_

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**IN CASE OF EMERGENCY AND YOU CANNOT BE REACHED**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City State/Zip

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_



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Student's Full Name: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_  
Printed Name                      Signature                      Date

Parent of Guardian: \_\_\_\_\_  
Printed Name                      Signature                      Date

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**TENNESSEE NOTARY ACKNOWLEDGEMENT**

State of Tennessee

County of Hamilton

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ [Day/Month/Year], before me personally appeared \_\_\_\_\_, to me known to be the person described in and who executed the foregoing instrument, and acknowledged that such person executed the same as such person free act and deed.

Witness my hand, at office, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary's Signature

My commission expires: \_\_\_\_\_

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Witness my hand, at office, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary's Signature

My commission expires: \_\_\_\_\_