

CONFIDENTIAL Medical Form: 2008 - 2009

Name: _____ Birthdate: _____ Grade 2008/09: 9 10 11 12
Last First mm/dd/yy (circle)

Mailing Address: _____
House/Apt # Street City Zip Subdivision

Marching & Concert Band _____ Concert Band only _____ Flagline & Concert Band _____ Flagline only _____

Marching Band Instrument: _____ Concert Instrument: _____

Mother's Name: _____ Home Phone: _____
(OR Guardian)

Cell Phone: _____ Work Phone: _____

Father's Name: _____ Home Phone: _____
(OR Guardian)

Cell Phone: _____ Work Phone: _____

Student Cell Phone: _____

In the event a parent/guardian cannot be reached, who should be contacted in case of an emergency?

Name/Relation: _____ Name/Relation: _____

Phone: _____ Phone: _____

Insurance Carrier: _____ Policy Number: _____

Insurance Phone: _____ Group Number: _____

Doctor's Name: _____ Phone: _____

ADDITIONAL INFORMATION you think we need to know (please use back of sheet) →

List **ALL known allergies** –including medications, foods, animals, insect bites, stings & environment (dust, pollen, etc.)

ALLERGY	REACTION	TREATMENT REQUIRED

List ALL known conditions, including, asthma, diabetes, low blood sugar, blood pressure, etc.

CONDITION	TREATMENT	MEDICATION REQUIRED

List **ANY additional medications** being used by the student:

I give permission for the band's first aid personnel to administer the following over-the-counter medications as needed.

Please circle YES or NO for each medication listed.

Ibuprofen	YES	NO	<i>Antihistamines:</i>	Pepto Bismol	YES	NO
Acetaminophen	YES	NO	Oral	Tums	YES	NO
Cough Syrup	YES	NO	Topical	Bug spray (containing deet)	YES	NO

I understand that in the event that a parent or guardian cannot be reached or immediate attention is required, the DHS band or any of its designated volunteers has my permission to seek appropriate medical attention. It is the parent's/guardian's responsibility to update this record if necessary.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

This ____ day of _____, 2008, before me personally appeared _____ & signed the information above.

 Notary Public for the State of GA

