



**PLEASE MAKE SURE THIS FORM IS NOTARIZED**



**CONFIDENTIAL Medical Form: 2011 - 2012**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade 2011/12: 8 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 \_\_\_\_\_, 2011, before me personally appeared \_\_\_\_\_ & signed the information above.

Notary Public for the State of GA

