

# Medical Form 2021–2022

(Due: July 13<sup>th</sup>, 2021)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_\_

Is the student allergic to any medication and/or food? \_\_\_\_\_ Which? \_\_\_\_\_

In case of sickness, may this student take one dose of: Aspirin? \_\_\_ Ibuprofen? \_\_\_ Imodium AD? \_\_\_ Pepto-Bismol? \_\_\_

Does this student wear contact lenses? \_\_\_\_\_ Prescription glasses? \_\_\_\_\_

Does this student suffer from: Hay fever \_\_\_\_\_ Allergies \_\_\_\_\_ Asthma \_\_\_\_\_?

Does this student take any medication? \_\_\_\_\_ Which? \_\_\_\_\_

Any other health history that may assist the person in charge should this student become ill?

## FIRST CONTACT IN CASE OF EMERGENCY:

Parent/s or Guardian/s Name/s: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone 1 \_\_\_\_\_ (Home) Phone 2 \_\_\_\_\_ (Work)

Phone 3 \_\_\_\_\_ ( ) Phone 4 \_\_\_\_\_ ( )

## FAMILY PHYSICIAN

Name \_\_\_\_\_ Phone: \_\_\_\_\_ Other Phone? \_\_\_\_\_

## OTHER EMERGENCY CONTACT(S) - OPTIONAL

Relationship: \_\_\_\_\_ Telephone \_\_\_\_\_

WE DO [ ] WE DO NOT [ ] HAVE HEALTH OR ACCIDENT INSURANCE

Insurance Company Name \_\_\_\_\_

Group Number \_\_\_\_\_ Policy Number of Group \_\_\_\_\_

We have attached a copy of our Insurance card to this form: [ ] YES [ ] NO

In case of illness or injury, I give the band director and assistant band directors the authority to act on my behalf in seeking medical attention for \_\_\_\_\_. I will accept the financial responsibility for all medical treatment and associated costs. I will not hold the directors, any staff members, chaperones, Clinton Band, or Clinton High School responsible for any costs associated with the treatment of my child. I accept all responsibility and liability for any occurrence during this student's participation with the band. I further agree to be available during band trips at one of the numbers listed above or ensure that an alternate means of contact is written on this form BEFORE any trip.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Today's Date