2022-2023 MEDICAL RELEASE FORM

MARCHING BAND STUDENTS ONLY

Student's Name: _____ Date of Birth: _____ Gender (M/F):_____

Parent (s)/Guardian Name:_____ Relationship:_____

Parent (s)/Guardian Name:_____ Relationship:_____

Student's Address:_____ City:_____, PA Zip:_____

Home Phone: _____ Work Phone: _____

Parent /Guardian Cell Phone: _____ Email: _____

PARENT OR LEGAL GUARDIAN AUTHORIZATION

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Phone: _____

Address: _____ City: _____, PA Zip:_____

Hospital Preference: _____

Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____

If parent(s)/legal guardian cannot be reached in case of emergency, contact:

_____

(Name) (Phone) (Relationship to Student)

_____

(Name) (Phone) (Relationship to Student)

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder). Include FOOD Allergies.

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem, which may interfere with or alter treatment. Unless all medical concerns and/or limitations are listed, adaptations for them at band functions/rehearsals cannot be made for your child. If something medically changes for your child, please inform Mr. Eutsey and provide a new medical form for the said change in medical concerns.

_____

Authorized Parent/Guardian #1 – Printed Name Authorized Parent/Guardian #1 Signature Date

_____

Authorized Parent/Guardian #2 – Printed Name Authorized Parent/Guardian #2 Signature Date