West Forsyth Marching Band Student Medical Form

Information:

Student Name _____

Date of Birth _____ Gender _____

Home Phone_____

Address _____

Parent/Guardian's Name: _____

Home #: _____ Cell #: _____ Email: _____

Parent/Guardian's Name: _____

Home #: _____ Cell #: _____ Email : _____

Emergency Contact _____ Phone #: _____

IPlease Circle if there is a known history of:

Allergy to Bee stings Asthma Epilepsy Seizures Dizziness

High Blood Pressure Fainting Diabetes Hypoglycemia Panic attacks

Please list any allergies or other health problems:

_____

Medications:

My child is on the following prescription or over the counter medications (list medication and dosage):

_____

_____

_____

Student Information

Prescription Medications:

_____ Take NO medications on a routine basis.
_____ Take prescription/over-the-counter medications

Please list Prescription/over-the-counter medications here. Please bring medications in pharmacy-issued containers:

_____
_____
_____

Allergies:

Please list any known allergies, illnesses, injuries, possible conditions, or anything else that may affect this student's health & welfare during this trip. Band Camp Personnel may offer over-the-counter medications (i.e aspirin, Tylenol, ibuprofen, cough drops, antacids, motion sickness medication, etc.) if needed, unless you indicate a problem with allergy to certain medications, or prefer that medication not be given:

_____
_____
_____
_____

Health Insurance Information:

Please include a photocopy of the insurance card-front and back for claims instructions or photocopy of your driver's license if you have no insurance.

Insurance Company Name: _____ Contract Number _____

Subscribing Member Name _____

Insurance Company Contact Telephone No(s)_____

Group Name (If employer related) _____Group No._____

Dental Insurance Information:_____

If the adult has no health/dental insurance coverage, please list the name and address of the financially responsible person and MI Driver's License Number as may be required for treatment:

Name: _____

Telephone number: _____

Address: _____

Driver's License Number: _____

Medical and treatment release

Parent/Guardian will be responsible for arranging payment of costs if not covered within the insurance policy. If no insurance is available to the student, parent/guardian is responsible for all costs incurred in emergency treatment, as deemed necessary by West Forsyth High School representatives at Band Camp and by Medical Authorities who may be involved. Every effort will be taken to contact emergency contacts listed in this form, once the ill or injured student has been stabilized. Non-emergency situations will be discussed with parent/guardian prior to medical treatment, unless minor.

I hereby give permission to the West Forsyth School instructors and chaperones to provide medical/dental treatment, when only necessary, for the student listed on this form. I agree that the information provided on this form is accurate to the best of my knowledge, and agree to be responsible for financial considerations should medical/dental treatment be deemed necessary by school instructors or chaperones or medical professionals.

I further understand that my student may be sent home, dropped from the West Forsyth Marching Band, or disciplined by the school for not following rules and regulations established by the school and/or the band, not eating and hydrating properly, or not following the instructions of the chaperones, the band director, band staff or camp director.

I have read and understand the rules and regulations.

Parent/Guardian Signature: _____
Date: _____