

Medical Information/Treatment Form
Marching Band/Indoor

Participates Name: _____

Parent/Guardian Name: _____

Home Phone #: (____) _____ Work Phone # (____) _____

Address: _____

Parent/Guardian Name: _____

Home Phone #: (____) _____ Work Phone # (____) _____

Address: _____

Health Insurance Co. _____ Policy # _____

Family Doctor: _____ Phone # (____) _____

Place Copy of Insurance Card (Front) Place Copy of Insurance Card (Back)

List Known Health Problems:

List Daily Medications Needed: (must follow school medication policy)

List Known Allergies:

Food: _____

Medication: _____

Other: _____

List Date of Last Tetanus Shot: _____

My Child May Be Given:	Tylenol	Yes	No	(Please Circle)
	Ibuprofen	Yes	No	(Please Circle)
	Benadryl	Yes	No	(Please Circle)

My Child is Prone to Motion Sickness: Yes No (Please Circle)

PLEASE NOTE: DO NOT send Tylenol, Ibuprofen, Benadryl, etc... with your child. If medication is necessary, it will be administered by the school nurse, staff member or chaperone ONLY. According to school policy, your child is NOT permitted to carry any medication with them. (This includes all over the counter medications such as cough and cold medications)

I give permission for my child to receive treatment at a local medical facility in the case of an emergency. I understand that I (and/or my insurance plan) am responsible for all costs incurred.

Parent/Guardian Signature: _____ Date _____