

Webster High School Marching Band Emergency Medical Form 2018

Student: _____ **Birthdate:** _____ **Sex:** M/ F **FALL Grade :** _____ **Home Phone:** _____

Father/Guardian: _____ **Address:** _____ **Phone H/C** _____ (W) _____

Mother/Guardian: _____ **Address:** _____ **Phone H/C** _____ (W) _____

Emergency Contact: _____ **Relationship to Child:** _____ **Phone:** H/C/W _____

School: Schroeder Thomas Spry Willink **Band Section:** Brass Color Guard Drum Line Equipment Front Ensemble Winds

Insurance Provider: _____ **Subscriber Name:** _____ **Policy/Contract#:** _____

Primary Care Physician: _____ **Address:** _____ **Phone:** _____

Dentist: _____ **Address:** _____ **Phone:** _____

NOTE: *If none of the above named can be reached, please call an available licensed physician or dentist. You may take my child to the nearest Emergency First Aid Station by Ambulance if Necessary. This authorizes treatment of my child by a band medic and/or a licensed medical care provider/hospital in case of a first aid situation and/or emergency.*

Health and Medical Information

Date of last Tetanus Shot: _____

Allergies: Yes No Asthma: Yes No Diabetes: Yes No Seizures: Yes No Wears Contact Lenses: Yes No
(foods, plants, insect bites, medications, etc.)

Other (ie. Chronic Conditions) _____ **EXPLAIN:** _____

Do you have any physical disabilities or conditions which may limit your participation in this activity? Yes No

If Yes, Explain: _____

PRESCRIBED and OTC MEDICATIONS: Are there any **PRESCRIBED or OTC** medication you might need to take during the Marching Band Season? Yes No

*If yes, a physician's written order **MUST BE SUBMITTED** for all medications.*

NOTE: Medication must be in **ORIGINAL CONTAINER(s)** with prescription label attached and legible

I authorize the parent volunteer medic to give my child the medications ordered by my child's physician. **Yes** **No**

I certify that the above information is true and accurate and I understand that it will be relied upon by the Webster Central School District and Webster Marching Band staff/volunteers. I will notify the Marching Band Director and Head Medic in writing if information changes.

Parent/Legal Guardian Signature

Date