

**ARLINGTON HIGH SCHOOL BAND**  
**Emergency Medical Information and Release Form**  
**2018 - 2019**

Student Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
**(Number & Street- City- State- Zip)**

Home Phone \_\_\_\_\_ Social Security # \_\_\_\_\_

Grade in School for 2018-2019: \_\_\_\_\_ Marching Instrument: \_\_\_\_\_

**EMERGENCY NOTIFICATION**

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Father's Work # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Mother's Work # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**ALTERNATE EMERGENCY NOTIFICATION**

The following persons are authorized to act in my behalf if I cannot be reached in the event of an emergency.

(1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phones: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

(2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phones: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Local Physician's Name: \_\_\_\_\_

Office Number \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Policy # or ID #: \_\_\_\_\_

**\*\*Attach a photocopy of the front and back of the insurance card\*\***

**Medical Release:**

The information furnished on this form is accurate. I/We, the undersigned, being the parent/guardian hereby authorize any necessary medical treatment for \_\_\_\_\_ while he/she is participating with the Arlington High School Band. I also guarantee payment of all charges incurred in the event of an emergency (physician, hospital, x-ray, lab, medication, ambulance services). I/We have read and understand all requirements for a student to participate in the AHS Marching Band (as outlined in the CONTRACT COMMITMENT – MARCHING SCHEDULE) and are committed to fulfilling ALL requirements for participation in the marching program. Although every attempt will be made to contact a child's parent/guardian, should the need arise, the chaperones have the permission to act in place of parent/guardian in case of a medical emergency. This permission is granted for the duration of the trip.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## HEALTH INFORMATION

<b>Student:</b> _____	<b>DOB:</b> _____	<b>School Year: 20_ - 20_</b>
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**\*Does student require the use of ANY Emergency Medication? i.e. Rescue Inhaler, Epi Pen, Glucagon**

Allergies requiring an Epi-Pen: \_\_\_\_\_ Location of Epi Pen: \_\_\_\_\_

Asthma requiring a Rescue Inhaler: \_\_\_\_\_ **Student WILL need to bring inhaler to ALL activities.**

Other required **emergency** medication needs: Please list: \_\_\_\_\_

**Date of last Tetanus shot:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent Special Instructions:** \_\_\_\_\_

Are you currently taking any prescription medication on a regular basis? \_\_\_\_\_ Yes \_\_\_\_\_ No

**If yes, answer the following:**

Name of medication	Dosage	Time administered

**Does student wear:**  Eyeglasses       Contact Lenses      **Does student smoke cigarettes?**  Yes  No

**Please list ANY medical history or any other information the teacher should be aware of:**

**PLEASE LABEL ANY MEDICATION THAT IS SENT TO CAMP (AND GAMES / TRIPS) IN A ZIPLOCK BAG WITH STUDENT'S NAME, MEDICATION NAME, AND HOW IT IS TO BE ADMINISTERED.**

Our son/daughter may be given the following medication if he/she requests or if the chaperones deem necessary:

\_\_\_\_\_ Cough Syrup - Brand Name(s) \_\_\_\_\_

\_\_\_\_\_ Decongestant - Brand(s) \_\_\_\_\_

\_\_\_\_\_ Nausea Medicine - Brand(s) \_\_\_\_\_

\_\_\_\_\_ Allergy Medicine - Brand(s) \_\_\_\_\_

Aspirin	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> NONE
Non-Aspirin (such as Tylenol)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> NONE
Ibuprofen (such as Advil)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> NONE
Other (please specify)				