

**ARLINGTON HIGH SCHOOL BAND Emergency Medical Information and Release  
Form 2023 - 2024**

Student Name \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_

Last, First MI

Address \_\_\_\_\_

*(Number & Street- City- State- Zip)*

Home Phone \_\_\_\_\_

Grade in School for 2023-2024: \_\_\_\_\_ 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

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ School Year: 2023- 2024

**\*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 \_\_\_\_\_

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)

Circle all that apply:

Aspirin 1 2 3 NONE

Non-Aspirin (such as Tylenol) 1 2 3 NONE

Ibuprofen (such as Advil) 1 2 3 NONE

Other (please specify) \_\_\_\_\_