

**ARLINGTON HIGH SCHOOL BAND**  
**Emergency Medical Information and Release Form**  
**2019 - 2020**

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

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

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

Grade in School for 2019-2020: \_\_\_\_\_ Marching Instrument: \_\_\_\_\_

**EMERGENCY NOTIFICATION**

Father's Name \_\_\_\_\_ Father's Work # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Work # \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Home Phone \_\_\_\_\_ 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: 2019 - 2020

**\*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:

List any allergies to medications: \_\_\_\_\_

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
Acetaminophen (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
Naproxen sodium (such as Aleve)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> NONE

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