

To: Parents of Marching Band Students (turn this in at uniform fitting)
From: Medical Assistance Team

Student Health Information

As you are aware marching band can be a stressful activity. To best assist our band members it is important that we are aware of any medical conditions that may affect them during the marching season. **Please take a few moments to complete this form and return it to when fitting your uniform. Colorguard members please turn this in on Friday, April 17th.** This information will be kept by the medical assistance team during out of town parades.

Your assistance is very much appreciated!!!!!!

Student Name _____

Telephone # _____ **Cell Phone #** _____

Parent(s) Name _____

Serious medical conditions (e.g. asthma, diabetes. Any condition requiring frequent use of medications)

Allergies (medications, soaps, pollens, etc.)

Medications/Prescriptions used

Additional Information (e.g. frequent headaches, muscle spasms etc.)

If emergency treatment is required, and the parents cannot be reached immediately, may the marching band staff use their own judgment in admitting your student to a clinic or hospital?

YES _____ NO _____ *If 'no', what do parents want done?* _____

Signed _____ *(Parent or Guardian)*

Insurance Information:

Insurance Provider _____

Policy Number _____