



**HAMPTON HIGH SCHOOL MARCHING BAND
STUDENT MEDICAL FORM**

FALL SEASON

2020

Student Name	_____	Birthdate	_____
Address	_____	Grade	_____
	_____	Section	_____
Parent/Guardian	_____	Phone	_____
Parent/Guardian	_____	Phone	_____
Emergency Contact	_____	Phone	_____

All information is confidential and will only be used in the event of a medical need. In any situation where basic first aid is not sufficient, trained medical personnel will be summoned. Every effort will be made to contact the parent/guardian before any treatment is rendered. If EMS personnel find it necessary, transport will be made to the nearest hospital. Parent/guardian is responsible for providing insurance information.

Any allergies and/or reactions:	_____	<input type="checkbox"/> None
Any medical and/or surgical issues:	_____	<input type="checkbox"/> None
Any medications and dosages:	_____	<input type="checkbox"/> None

**With parental/guardian permission, Tylenol, Ibuprofen, and antacids (i.e. Tums) will be available.
"My child may self-administer the following medications according to the bottle directions:"**

Tylenol: Yes No **Ibuprofen:** Yes No **Antacids:** Yes No

"I hereby give my permission for my daughter/son to participate in the Hampton High School Marching Band activities. If required, my daughter/son may receive appropriate emergency medical treatment for an illness or injury if I cannot be contacted in advance. I understand every effort will be made to contact myself or indicated emergency contact before any treatment is rendered."

Parent / Guardian Printed Name _____

Parent / Guardian Signature _____ **Date** _____