

Athens Band Health & Emergency Form

Student Name: _____ Student #: _____

Birth Date _____ Select Sex M or F Age _____ Instrument: _____ Guard or Aux Guard _____

Home Address: _____ City: _____ Zip: _____

Parent or Guardian _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Insurance Carrier: _____ Group # _____ Plan code _____

Name on Card: _____ Coverage # _____

Family Physician: _____ Office Phone: _____

Emergency Contact (if parent listed above is not available) _____

Relation: _____ Phone: _____

Health History-- Please indicate if your child has any of the listed difficulties:

Diabetes Migraine Headaches Hemophilia Heart Problems Asthma Seasonal Allergies

Seizures Anxiety Eating Disorder Sleep Disorder

Food Allergy, Reaction: _____

Insect Sting Allergy, Reaction: _____

Other Allergy, Reaction: _____

If you answered yes to any of the above, please explain and indicate action to take if aggravated while in the care of band personnel.

Does your child have difficulty swallowing pills? Yes No

Are immunizations up to date? Yes No Date of Last tetanus: Select

PLEASE BRING MEDICATIONS IN THE ORIGINAL CONTAINERS IN SUFFICIENT QUANTITIES ONLY.

| Name of Medication | Dose | Frequency | Reason for Medication |
|--------------------|------|-----------|-----------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

Parent Authorization and Consent

The information contained in the above section is correct to the best of my knowledge, and the person herein described has permission to engage in all prescribed camp activities, except as noted. In the event that I cannot be reached in an emergency, I hereby authorize such medical and/or surgical treatment as required for the aforementioned student by any physician to whom this form is presented.

My student may receive the following non-prescription medications. **Cross off any that you do NOT give permission for your student to receive:**

Tylenol (acetaminophen)
 Motrin (Ibuprofen)
 Benadryl Cream
 Hydrocortisone Cream
 Triple Antibiotic Ointment
 Aloe Vera Gel or other sunburn remedy
 Antacid (Tums)
 Reason declined: _____

Is there anything else you feel should be known about your child? _____

Parent / Guardian Signature Date: