

2023-2024 EMERGENCY MEDICAL INFORMATION/RELEASE

Student Name: _____ Home Phone: _____

Street: _____ City: _____ Zip: _____

Student's Cell: _____ Student's school email: _____

Height: _____ Weight: _____ T-Shirt Size: _____ Date of Birth: _____

Parents/Guardians: _____

Mother's Work Phone: _____ Cell Phone: _____

Mother's e-mail address: _____

Father's Work Phone: _____ Cell Phone: _____

Father's e-mail address: _____

Other Contact Person: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Is your child allergic to any food, medications or other? _____

Does your child have any diagnosed medical conditions or special medical problems and what side effects of medical condition do we need to be aware of?

What prescription medication does your child take and how often? (please indicate dosage and time given)

For asthmatics who use **INHALERS** or anaphylaxis who need **EPI-PENS** (circle which applies):

Has your child been adequately instructed by his/her physician or staff and demonstrated proper procedure on inhaler/epi-pen usage? (circle) YES NO

Do you feel that your child is responsible enough to be allowed to carry his/her inhaler/epi-pen in his/her possession and self-administered on an as needed basis? (circle) YES NO

Family Physician: _____

Address: _____

Phone: _____

NO medications (including OTC) are allowed to be carried by students. In the event that OTC meds are needed during band events, please list what meds we have permission to give your child without contacting you. (for headache, allergies, stomach, etc.) _____

I authorize the E.D. White Cardinal Music Director or other designated staff member to seek emergency medical treatment for my child if the need arises during any band function this year.

Parent(s)/Guardian(s) Signature: _____ Date: _____