

Victor J. Andrew High School – Marching Band

Emergency Medical Form Important: Please have student carry ID Card

Student Name _____ Date of birth _____

Address _____ City _____ State _____ Zip _____

Student's Home Phone _____ Student's Cell Phone _____

Mother's Name _____ Phone _____ Cell Phone _____

Occupation _____ Work Phone _____ Ext. _____

Father's Name _____ Phone _____ Cell Phone _____

Occupation _____ Work Phone _____ Ext. _____

Name of Insurance Company _____

Group Number _____ Identification Number _____ Religion _____

Physician's Name _____ Address _____ Phone _____

In the event we cannot contact the Guardian at the above location, who else do you wish to be contacted for permission to treat in case of emergency?

Name _____ Relationship _____ Phone _____

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MEDICAL HISTORY: Please submit any and all conditions that are pertinent to your student's health for this trip.

Food Allergies/Intolerance _____ Is student a vegetarian? YES _____ NO _____

Medical Problems _____

Medications/Dosages _____

If a student is using an Inhaler or Nebulizer, please have student carry necessary equipment and medication with them.

If it should arise, what medication can the student take, if any:

Headache _____ Aches/Pains _____ Stomach Ache _____ Diarrhea _____

Cramping _____ Stuffy Nose _____ Sore Throat _____ Allergies _____

Authorization of Guardian to allow student to take the above medication _____ Date _____

IMPORTANT!!! Can the student take a GENERIC EQUIVALENT for any of the above situations? YES _____ NO _____

IN CASE OF EMERGENCY: I understand that every effort will be made to make contact, but in the event I can not be reached, I hereby give my permission for the staff, or their designate, to obtain medical treatment. Treatment shall be done in a timely fashion and may include transportation, hospitalization, anesthesia, surgery, injection, medication, or any other intervention necessary for the preservation of my student's health.

AUTHORIZATION SIGNATURE OF GUARDIAN _____ DATE _____