EAHS Instrumental Music Department - Medical Information/Consent Form 2018-2019

Marching Band_____ Band Front_____Concert Band_____ Orchestra_____

Name of Student:_____

Home Address:_____ Age:_____ Grade:_____

Mother's Name:_____Home#:(___)_____Work#:(___)_____Cell#:(___)_____

Father's Name:_____ Home#:(___)_____ Work#:(___)_____ Cell#:(___)_____

Designate an additional adult to be contacted if a parent or guardian cannot be reached

Name:_____Phone#:(___)_____Relation:_____

Please Provide Medical Insurance **AND attach a copy of Insurance card Front and Back:**

Name of Company:_____ Insured Name:_____

Policy Number:_____ Group Member Number:_____

Date of Last Tetanus Shot:_____ Contact Lenses? Yes_____ No_____

Does student have any known medical problems: Yes_____ No_____

If Yes, please list_____

Does student carry an Inhaler? Yes__ _No___ If Yes, Name & Frequency_____

Does student have any known food allergies? Yes___ No__ If Yes, please list_____

Does student carry an Epi Pen? Yes___ No___

Does student take any medications on a regular basis? Yes___No___

If Yes, please list_____

Is student allergic to any medications? Yes___ No___ If Yes, please list_____

If the need arises may the above named student be given the following medications if needed:

	YES	NO		YES	NO
TYLENOL			IMMODIUM		
ADVIL			DRAMAMINE/BONINE		
BENADRYL			PEPTO BISMOL		
SUDAFED			TUMS		

Any other special instructions for care to be given to student? _____

I give permission for the above named student to be taken to the nearest clinic or emergency room for the treatment by a licensed physician in case of emergency. Yes___ No___

Signature of Parent or Guardian_____ Date_____

MEDICAL FORM MUST BE COMPLETED AND RETURNED BY: July 31, 2018

Return To: Mr. Christopher Ballentine, c/o EAHS, 2601 William Penn Highway, Easton, PA 18045