

**EAHS Instrumental Music Department
Medical Information/Consent Form 2009-2010**

Name of Student: _____ (Circle) Band / Orchestra / Jazz Band

Home Address: _____ Age _____ Grade _____

Mother's Name: _____

Home# (____) _____ Work (____) _____ Cell (____) _____

Father's Name: _____

Home# (____) _____ Work (____) _____ Cell (____) _____

Designate two adults to be contacted if a parent or guardian cannot be reached:

Name: _____ Phone _____ Relation _____

Name: _____ Phone _____ Relation _____

Provide the following on at least one hospital/medical insurance:

Name of Company _____ Insured Name _____

Policy # _____ Group Member # _____

Date last Tetanus Shot _____ Contact Lenses? Yes _____ No _____

Does student have any known medical problems? Yes _____ No _____

If Yes, list _____

Does the student carry an Inhaler? Yes _____ No _____ If yes, Name & Frequency _____

Does the student have any known food allergies? Yes _____ No _____

If yes, list _____ Does he/she carry an epi pen? Yes _____ No _____

Does student take any medication on a regular basis? Yes _____ No _____

If yes, list _____

Is student allergic to any medications? Yes _____ No _____ If yes, list _____

I give permission for the above named student to be given acetaminophen (Tylenol) if needed. Yes _____ No _____

I give permission for the above named student to be given ibuprofen (Advil) if needed. Yes _____ No _____

I give permission for the above named student to be given TUMS antacid if needed. Yes _____ No _____

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

I give permission for this student to be taken to the nearest clinic or emergency room for treatment by a licensed physician in case of an emergency. Yes _____ No _____

Signature of Parent/Legal Guardian: _____ Date _____

**MEDICAL FORM MUST BE COMPLETED AND RETURNED BY:
AUGUST 10, 2009**

ATTACH A COPY OF BOTH SIDES OF YOUR HEALTH INSURANCE CARD

**Return To: EAHS IMA
C/O Amy Barrick
2750 Destiny Lane, Easton PA 18040**