

**EAHS Instrumental Music Department
Medical Information/Consent Form 2011-2012**

Marching Band: _____ **Band Front:** _____ **Orchestra:** _____ **Jazz Band:** _____

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: **PLEASE ATTACH COPY OF INSURANCE CARD FRONT & 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			Tums		
Advil			Benadryl		

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 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: AUGUST 1, 2011

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