

**EAHS Instrumental Music Department - Medical Information/Consent Form 2017-2018**

**Band** \_\_\_\_\_ **Band Front** \_\_\_\_\_ **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 information

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 \_\_\_\_\_

Is the student sensitive or allergic to gluten ? Yes \_\_\_\_\_ No \_\_\_\_\_

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 AND COPY OF FRONT AND BACK OF INSURANCE CARD MUST BE COMPLETED AND RETURNED BY: July 31, 2017**

**Return To: Ms. Carole Lutte, c/o EAHS, 2601 William Penn Highway, Easton, PA 18045**