

Urbana Tiger Marching Band

MEDICAL INFORMATION FORM (please complete both sides)

This information will be in the possession of the band directors only. Should the need arise, this information will be given to the proper medical authorities. **No first aid or medication will be administered without first attempting to contact parents/guardians** (unless specified on this form).

PLEASE PRINT CLEARLY.

This form must be turned into Ms. Peterik or Mrs. Fernsberg by Thursday, May 30, 2024.

STUDENT NAME: _____ Grade: _____

ADDRESS: _____
(Street) (City) (Zip Code)

EMERGENCY PHONE NUMBERS:

Parent's Name _____ Day Phone _____

Cell Phone No. _____ Evening _____

Parent's Name _____ Day Phone _____

Cell Phone No. _____ Evening _____

EMERGENCY CONTACT:

Name _____ Phone _____

Cell Phone No. _____

EMERGENCY MEDICAL INFORMATION:

STUDENT'S CURRENT PHYSICIAN: _____

Phone _____

Health History

Diabetes _____ Orthopedic Problems _____ Asthma _____
Cardiac Problems _____ Seizures _____ Fainting Spells _____

Other possibly pertinent medical information:

Date of most recent tetanus shot: _____

Allergies

Aspirin _____ Penicillin _____ Sulfa _____ Insect Bites _____ Hay Fever _____

Please list any allergies or allergic reactions to medication:

(TURN OVER TO COMPLETE OTHER SIDE)

Food Allergies (please specify): _____

Other Allergies (specify): _____

Which allergies or medical conditions may require immediate treatment and what is that treatment?

Will the above student need to take this medication while on any trip? Yes ___ No ___
(Note: It is required that the student carry his/her medication in an original prescription container.)

Please list health factors that may restrict activity in the band: _____

Do Medical Staff/Band Directors have permission to provide your student with the following, without notifying you first? (please check all that may be given to your student):

Aspirin _____ Tylenol _____ Ibuprofen _____ Antacid _____ Diarrhea Aid _____

In a medical emergency your child will be taken by ambulance to the closest hospital or trauma center. All medical fees are the parents' responsibility. We will make every attempt to contact you prior to administering medical attention of any kind except for the medications checked above.

Your permission is requested for the teacher or principal to sign any medical forms which are needed. This will assume that treatment of an injury can begin as soon as possible. Please sign this request, thereby granting your permission for school personnel to act on your behalf in the case of a medical emergency. Every effort will be made to contact parents prior to exercising the authority contained on this form

Student: _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

Comments (Emergency Numbers/Health Concerns): _____

(this section is to be completed by band staff)

		Date:	Parent Contact Attempted
Date: Attempted	Parent Contact	Complaint/Action:	
Complaint/Action:			
Date:	Parent Contact Attempted	Date:	Parent Contact Attempted
Complaint/Action:		Complaint/Action:	