



Student Name: _____
 Please Print Last First Preferred name

2017-2018 Student Emergency Contact and Medical Information

Student 2017-18 Grade level: _____ Student Date of Birth: _____

Student/Parents/Guardians will be added to our private band e-mail list to receive announcements and notices.

Student Email _____ Student cell phone _____

Student Address: _____

Please check which you will (or may) participate in:

- Marching Band (Instrument)
 Color Guard
 High School Concert or Symphonic Band
 Winter Guard
 High School Percussion Ensemble
 High School Jazz Band
 Middle School Band
 Middle School Percussion Ensemble

Mother/Guardian _____ Father/Guardian _____

E-Mail _____ E-Mail _____

Cell phone _____ Cell phone _____

Home ph. _____ Work ph. _____ Home ph. _____ Work ph. _____

Student lives with (circle): Both parents Mother Father Guardian

_____ _____ _____
 Additional Emergency Contact Emergency Contact Phone Relationship to student

Medical and Insurance Information

PLEASE INCLUDE A COPY OF THE FRONT AND BACK OF YOUR MEDICAL INSURANCE CARD

Physician's Name _____ Physician's Phone Number _____

Insurance Co. _____ Policy/Group # _____

Insured's Name and Employer _____

Please initial next to the medications that a chaperone may dispense to your student upon student's request:

- ibuprophen/Advil
 acetaminophen/Tylenol
 antacids
 Imodium/Pepto-Bismol
 Benadryl/anithistamine

Will your student bring an inhaler, epipin or any other prescription medication to band camp or band events? Please list and describe:

List all allergies and severity _____

List any health/medical conditions (asthma, diabetes, etc) or physical restrictions: _____

List any medications presently taken _____

- I understand that this health information may be shared with persons responsible for the care of my child and may include volunteer chaperones as well as district employees. I understand that if my son/daughter becomes ill or is injured during any field trip, the trip chaperones will attempt to contact me or an emergency contact listed above. If I cannot be reached, I understand and agree that my son/daughter may be taken for medical assistance, and I agree that I will be solely responsible for any and all costs incurred as a result. I give permission for my student to receive upon their request the above-listed over-the counter medications as needed. I give permission for my child to receive emergency medical treatment in case of illness or injury THIS AUTHORIZATION IS FOR TREATMENT BY A PHYSICIAN AND/OR AT A HOSPITAL FOR ANY MEDICAL OR SURGICAL EMERGENCY.
- My child has permission to go swimming and participate in any and all Bands of Irmo activities as required by the Band Director. This authorization is enforce for the entire school year.

Parent/Guardian Signature _____ Date _____