

EAHS Instrumental Music Department - Medical Information/Consent Form 2019-2020

Marching Band/ Concert Band _____ 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 **AND attach a copy of Insurance card Front and 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			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 MUST BE COMPLETED AND RETURNED BY: July 31, 2019

Return To: Mr. Christopher Ballentine, c/o EAHS, 2601 William Penn Highway, Easton, PA 18045