

PATRIOTS MARCHING BAND - MEDICAL CONSENT PERMIT

Form is due on or before April 8, 2010.

IMPORTANT: Students will not be allowed to march on the street until this form is completed.

PLEASE PRINT CLEARLY OR TYPE

Student's Name _____

Phone _____ Date of Birth ____/____/____

Address _____

City, State, Zip _____

Parent's/Guardian's Name _____

Parent's phone _____ cell or work

Parent's/Guardian's Name _____

Parent's work phone _____ cell or work

Emergency Contact and relation _____

Emergency phone _____

Family physician _____

Physician phone _____

Insurance Company _____

Policy & Group Number _____

Phone Number and address of Insurance Co. _____

Name & Social Security number of the Insurance policy holder _____

This information will be destroyed after the season is over, but is extremely vital in instances of immediate emergency health care.

IMPORTANT: Please fill out as completely as possible.

MEDICATIONS (currently taking): DOSAGE / FREQUENCY:

Date of last tetanus shot: _____ **(You must have this date listed)**

Allergies / allergic reactions to medications: _____

Major surgery: _____

Acute or chronic medical conditions: _____

Physical conditions that may limit activity: _____

Special dietary needs: _____

PARENTAL CONSENT FORM/RESPONSIBILITY CLAUSE/MEDICAL PERMIT

PLEASE FILL OUT COMPLETELY

I hereby give my permission for _____ to participate in the Patriots Marching Band. I understand that the Patriots Marching Band, its officials, and chaperones shall not be, nor later become, liable or responsible in any way in conjunction with services, for any death, injury, damage, delay or irregularity which may occur while participating in this band.

In the event that my student needs to take a prescription or non-prescription medication while participating in the band, I give my student permission to use this medication. ALL medications, prescription or non-prescription, must be carried in the original labeled container. Prescription medications must be listed on this medical consent permit unless prescribed while on the trip.

Also, in case of emergency, I hereby give my consent for a qualified physician to perform any medical or surgical procedures he/she deems necessary to the welfare of the student. It is also understood that the staff or chaperones and medical personnel will make every attempt to contact parents, guardians, or relatives listed above when taking any such actions. Further, this authorization permits said physician to hospitalize, secure appropriate consultation, order injections, anesthesia (local, general or both) or surgery for this student if such emergency conditions warrant.

In addition, if a licensed physician is asked to travel with the group to provide medical care, I authorize this physician to examine and treat my student for general medical problems of a non-emergency nature (colds, sore throat, vomiting, diarrhea, insect bites, heat exhaustion, etc.) that may arise while on the trip.

Signature: _____

Relation to student: _____