WHITEHALL "MARCHING ZEPHYR BAND"
MEDICAL INFORMATION SHEET

(For your protection: All forms are confidential and shredded when discarded)

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

_____ AGE: _____ Birth date: _____

PARENT/GUARDIAN and EMERGENCY CONTACT information

Parent/
Guardian: _____

Phone:
H_____W_____ C _____

Address: _____

_____

_____

Emergency Contact
(aside from parents): _____

Phone:
H_____W_____ C _____

Address: _____

_____

_____

CONFIDENTIAL MEDICAL INFORMATION

DO YOU HAVE ANY OF THESE MEDICAL PROBLEMS? If the answer is YES, Please explain on back of this sheet.

_____ ALLERGIES

_____ DIZZY SPELLS

_____ FOOT, LEG OR BACK PROBLEMS

_____ OTHER CONDITIONS

_____ HEADACHES

_____ EMOTIONAL PROBLEMS

_____ ASTHMA

_____ DATE OF LAST TETNUS SHOT?

_____ DO YOU TAKE ANY MEDICATION ON A REGULAR BASIS? *Please list clearly on back (include dosage)*

I am the legal PARENT/GUARDIAN of the above marching band member. I give permission for my child to take part in all activities of the group, including, but not limited to practices, performances, trips, etc. To the best of my knowledge, the child above is in good health and able to perform his or her duties as a member. I give permission for the above member to be treated as necessary for emergency sickness or injury and release doctors, nurses, hospitals, ambulances, emergency personnel and the WHITEHALL STAFF AND PARENTS FROM LIABILITY.

PARENT/GUARDIAN SIGNED: _____ DATE: _____