

CENTRAL BUCKS EAST MARCHING BAND

Medical Form

Student Name: _____ Student Date of Birth: _____

Primary Address: _____

Parent #1: _____ Parent #2: _____

Primary Home Phone: _____ Parent Cell Phone: _____ (Parent 1 or 2)

Student Cell Phone (if applicable): _____ circle one

Emergency Contacts:

Full Name(s): _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Medical Information

Physician's Name _____ Phone # _____

Any Known Allergies: _____

Any current conditions or concerns and their treatment: _____

List any prescriptions currently being taken. Please include the dosage and administration information.

Medicine must be given to chaperone to dispense while traveling. Students who use inhalers or carry epi-pens may keep those with them, but they must be listed on this form:

We keep on hand over-the-counter medicine to include acetaminophen, ibuprofen, simethicone, loperamide, aspirin, benedryl, antacids, or throat lozenges which we give to students as necessary. Please list any over-the-counter medicine that should *not be given* to your child

Health Insurance Information

Medical Insurance Name: _____

Policy/Group #: _____ Subscriber _____

In case of emergency when the parent/guardian can not be contacted, I give the Band Director or designated chaperone permission to take the student to a hospital or other medical facility for treatment.

Signature of parent/guardian

Date