

Student Last Name      First Name      Middle Name      Birth date  
Please print clearly

**McMichael High School Bands  
Emergency Medical Form**

This form must be filled out completely to participate with the bands

Home Address: \_\_\_\_\_ Home Phone # \_\_\_\_\_  
\_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Company Phone # \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Date of Last Tetanus Shot (within a month if possible) \_\_\_\_\_

Special allergies or medical problems (Please explain) \_\_\_\_\_  
\_\_\_\_\_

Is the student under medical care? \_\_\_\_\_

Is the student on any medication? If so, what is the name of the medication and the purpose? \_\_\_\_\_  
\_\_\_\_\_

In your absence, you would allow a band chaperone to give your child:

Tylenol \_\_\_ Sudafed \_\_\_ Benadryl \_\_\_ Ibuprofen \_\_\_ **NO MEDICATION** \_\_\_\_\_

Any other medication you would allow (please specify). \_\_\_\_\_

In the case of an emergency, if I cannot be reached, I hereby give the band director or band chaperone consent to approve emergency medical treatment understanding that I will be contacted as soon as possible.

Signature of parent(s) or guardian(s) \_\_\_\_\_

Date \_\_\_\_\_