



# ELCO RAIDER BAND

## Student Medical and Contact Information Form

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Gender \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Home Address: Street \_\_\_\_\_

City, State/Zip Code \_\_\_\_\_

Area Code and Telephone Number for Home \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail Address\* \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail Address\* \_\_\_\_\_

Stepparent/Guardian's Full Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail Address\* \_\_\_\_\_

*\* E-mail is the most common means of communication, please circle the primary e-mail address which is checked on a daily basis*

Is the student currently under medical treatment? Yes No

If yes, please give the nature of the treatment and the Doctor's name and phone number

Is the Student currently taking medication? Yes No

If yes, please give the name of the medication, reason it is given, Doctor's name and Doctor's telephone number:

List any ailments of which the school nurse or medical personnel should be aware: (examples: allergies, diabetes, heart condition):

Date of last Tetanus Shot: \_\_\_\_\_

**ADULT T-SHIRT SIZE** \_\_\_\_\_  
(for show t-shirt)

**OVER PLEASE** 

## First Aid/Emergency Treatment Authorization

If the school cannot contact either parent/guardian, please list two relatives or friends who would have the authority to advise us regarding your child:

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

If none of the above can be reached by phone, WHAT DO YOU WISH THE SCHOOL TO DO in case the child is sick or injured?  
\_\_\_\_\_

IF EMERGENCY TREATMENT is required, may the school authorities or designee use their own judgment in sending the child to a hospital or doctor most easily accessible before the parent/guardian can be reached?

YES NO

If no, name preferred hospital \_\_\_\_\_

Preferred doctor \_\_\_\_\_

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It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail. If the recommendation must be changed, I will notify my child's music director/school in writing.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

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The school has permission to dispense (circle as allowed) Aspirin, Tylenol, Advil, Aleve, Roloids, Tums, Pepto-Bismol, Other (be specific) \_\_\_\_\_ to my son/daughter.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date