

John Philip Sousa Lowell Mason Heritage Youth Band

The Bromfield School

Harvard, MA 01451

June 29 – July 1, 2015

MEDICAL FORM

PLEASE PRINT CLEARLY OR TYPE THE FOLLOWING INFORMATION:

Student Name: _____ Gender: ____ Age: ____ School: _____

Parent/Guardian 1 Information:

Parent/Gaurdian 2 Information: (if applicable)

Name: _____

Name: _____

Address: _____

Address: _____

Home Phone: (____) _____

Home Phone: (____) _____

Cell Phone: (____) _____

Cell Phone: (____) _____

E-mail: _____

E-mail: _____

Place of Business: _____

Place of Business: _____

Work Phone: (____) _____

Work Phone: (____) _____

Emergency Contacts: (in the event parents/guardians cannot be reached)

Name: _____

Phone: (____) _____

Name: _____

Phone: (____) _____

HEALTH HISTORY: (Use the back of this form for more room, if necessary)

Please explain any health problems (heart, lung, kidney, bleeding, fainting, blackouts/convulsions, diabetes, asthma, bronchitis, epilepsy or other).

List any allergies (bee, medications, food, etc.), as well as all special dietary needs (vegetarian, kosher, etc.).

Is there any illness for which this student is currently receiving treatment and/or medication? YES ____ NO ____

If yes, please describe treatment and list medication below:

Date – Last Tetanus Shot: _____

Date – Last MMR: _____

Family Doctor/Health Center: _____ Phone: (____) _____

Insurance Info:

Company Name: _____ Type: _____ Policy #: _____

IN CASE OF MEDICAL EMERGENCY:

I hereby give permission to transport the student named above to an emergency facility or hospital. I also give permission to the physician selected by the Host Chairpersons of the John Philip Sousa Lowell Mason Heritage Youth Band, or designee, to hospitalize and secure proper treatment for said individual.

All medications will be turned over to the Host Chairpersons of the John Philip Sousa Lowell Mason Heritage Youth Band, or designee, and dispensed according to doctor's orders.

NO STUDENT WILL BE ALLOWED TO PARTICIPATE IN THIS BAND FESTIVAL WITHOUT THIS FORM PROPERLY FILLED OUT.

Parent/Guardian Signature: _____ Date: _____