

**Urbana Tiger Marching Band - MEDICAL INFORMATION FORM**  
**(please complete both sides)**

This information will be in the possession of the band directors only. Should the need arise, this information will be given to the proper medical authorities. **No first aid or medication will be administered without first attempting to contact parents/guardians** (unless specified on this form). PLEASE PRINT CLEARLY.

STUDENT NAME: \_\_\_\_\_ Grade: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (Zip Code)

**EMERGENCY PHONE NUMBERS:**

Parent's Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Cell Phone No. \_\_\_\_\_ Evening \_\_\_\_\_

Parent's Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Cell Phone No. \_\_\_\_\_ Evening \_\_\_\_\_

**EMERGENCY CONTACT:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Cell Phone No. \_\_\_\_\_

**EMERGENCY MEDICAL INFORMATION:**

STUDENT'S CURRENT PHYSICIAN: \_\_\_\_\_

Phone \_\_\_\_\_

**Health History**

Diabetes \_\_\_\_\_ Orthopedic Problems \_\_\_\_\_ Asthma \_\_\_\_\_  
Cardiac Problems \_\_\_\_\_ Seizures \_\_\_\_\_ Fainting Spells \_\_\_\_\_

Other possibly pertinent medical information:

\_\_\_\_\_  
Date of most recent tetanus shot: \_\_\_\_\_

**Allergies**

Aspirin \_\_\_\_\_ Penicillin \_\_\_\_\_ Sulfa \_\_\_\_\_ Insect Bites \_\_\_\_\_ Hay Fever \_\_\_\_\_

Please list any allergies or allergic reactions to medication:

\_\_\_\_\_  
(turn over to complete other side)

Food Allergies (please specify): \_\_\_\_\_

Other Allergies (specify): \_\_\_\_\_

Which allergies or medical conditions may require immediate treatment and what is that treatment?

\_\_\_\_\_  
\_\_\_\_\_

Will the above student need to take this medication while on any trip? Yes \_\_\_ No \_\_\_  
(Note: It is required that the student carry his/her medication in an original prescription container.)

Please list health factors that may restrict activity in the band: \_\_\_\_\_

Do Medical Staff/Band Directors have permission to provide your student with the following, without notifying you first? (please check all that may be given to your student):

Aspirin \_\_\_ Tylenol \_\_\_ Ibuprofen \_\_\_ Antacid \_\_\_ Diarrhea Aid \_\_\_

In a medical emergency your child will be taken by ambulance to the closest hospital or trauma center. All medical fees are the parents' responsibility. We will make every attempt to contact you prior to administering medical attention of any kind except for the medications checked above.

Your permission is requested for the teacher or principal to sign any medical forms which are needed. This will assume that treatment of an injury can begin as soon as possible. Please sign this request, thereby granting your permission for school personnel to act on your behalf in the case of a medical emergency. Every effort will be made to contact parents prior to exercising the authority contained on this form

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Comments (Emergency Numbers/Health Concerns): \_\_\_\_\_

\_\_\_\_\_

*(this section is to be completed by band staff)*

Date: _____ Parent Contact Attempted	Date: _____ Parent Contact Attempted
Complaint/Action: _____	Complaint/Action: _____
Date: _____ Parent Contact Attempted	Date: _____ Parent Contact Attempted
Complaint/Action: _____	Complaint/Action: _____