



The Normal Marching Band

Medical Release Form for the 2025 London New Years Day Parade Trip

Traveler Name: _____

In the event of illness or injury or need for dental care, I give my permission for the traveler listed above to receive treatment and/or medication by qualified personnel. I agree that the cost of any treatment will be my responsibility. This agreement will be in effect from December 26, 2024 through January 4, 2025, or for the duration of the trip should extenuating circumstances occur. To the best of my knowledge, the information below is complete and accurate.

Signature/Date

Printed Name of Signer

Check one: I am a legal adult signing on my own behalf. I am a guardian signing on behalf of a minor.

Emergency Medical Information

Patient's Name:

Birth Date:

Emergency Contact Name

Cellular Phone #

Relationship

Physician

Office Phone #

Current Medical Status: Please complete this form as accurately as possible. Your thorough and complete responses will be kept confidential and will enable first responders to provide the safest treatment possible, if necessary.

Allergies (include medications, foods, bee stings, environmental allergens, etc.)

Current Medications and Doses/Regimen (include inhalers, insulin, any tablets/capsules taken daily, etc.)

Diseases (include asthma, diabetes, epilepsy, etc.)

Injuries (include past injuries, current physical restrictions, and treatments such as knee braces, etc.)

Insurance Information

Insurance Company

Phone number

Primary Subscriber Name

Subscriber ID #

Policy or Group

Employer Name

(Complete if the traveler is a minor.) The patient listed above is permitted to take the following medicines if needed:

Acetaminophen (Tylenol)

Ibuprofen (Motrin/Advil)

Diphenhydramine (Benadryl)

Other (please list)

Please list any additional information that would be helpful in caring for this traveler here or on the back of this form: