



The Normal Marching Band

www.normalmb.org

Medical Release Form 2018 - 2019

In the event of illness or injury or need for dental care, I give my permission for my son or daughter

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 during all activities occurring outside the regular school day from June 2018 through June 2019.

Parent/Guardian Signature

Parent/Guardian Signature

Parent/Guardian Printed Name

Parent/Guardian Printed Name

Cellular Phone Number

Cellular Phone Number

Home Phone Number

Home Phone Number

Email Address

Email Address

Date

Date

***Please print this form front and back on a single sheet of paper.
Please complete the reverse side of this form as accurately as possible.***

***Be sure to contact the director if the student's medical condition,
allergies, or current medications change over the course of the year.
Your thorough and complete responses will be kept confidential and will
enable first responders to provide the best treatment possible if necessary.***

Emergency Medical Information

Student's Name _____	Birth Date _____
Emergency Contact _____	Relationship _____
Home Address _____	Cell Phone _____
_____	Work Phone _____

Emergency Contact #2 _____	Relationship _____
Home Address _____	Cell Phone _____
_____	Work Phone _____

Student's Physician _____	Office Phone _____
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Student's Current Medical Status

Allergies (include medications, foods, bee stings, etc.)		
Current Medications (include inhalers, insulin, any tablets or capsules taken daily, and dosages etc.)		
Diseases (include asthma, diabetes, etc.)		
Are immunizations up to date (including tetanus)? (circle one)	YES	NO

Insurance Information

Insurance Company _____	Phone number _____
Primary Subscriber _____	
Subscriber ID # _____	Policy or Group _____
Employer Name _____	

My son or daughter 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 your son or daughter: