

Student's Legal Name \_\_\_\_\_ Called Name \_\_\_\_\_  
(please print) Last First M.I.

## HOOVER HIGH SCHOOL BAND MEDICAL INFORMATION FORM

Marching Band is a physically demanding activity that requires a certain level of fitness to perform. Practicing and performing the marching show in the summer heat, especially in heavy uniforms, puts a significant stress on your student's body. Certain underlying medical problems your student may have could worsen or be exacerbated by marching band activities. Please fill out the following medical information form so that appropriate steps can be taken, if need be, by licensed health care professionals.

**Please print all information in black ink.**

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female Age \_\_\_\_\_

Home Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Numbers

Home \_\_\_\_\_ Work \_\_\_\_\_ Cellular \_\_\_\_\_ Beeper \_\_\_\_\_

Father's Numbers

Home \_\_\_\_\_ Work \_\_\_\_\_ Cellular \_\_\_\_\_ Beeper \_\_\_\_\_

Emergency Contact

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

Physician's Name \_\_\_\_\_ Physician's Number \_\_\_\_\_

Medical

Ins. Co. \_\_\_\_\_ Contract # \_\_\_\_\_ Group or Policy # \_\_\_\_\_

Is your student allergic to any of the below and, if yes, what specific treatment has been recommended by his or her physician

- |                         |     |    |
|-------------------------|-----|----|
| A. Medicines? .....     | yes | no |
| B. Foods? .....         | yes | no |
| C. Insect Bites? .....  | yes | no |
| D. Insect Stings? ..... | yes | no |
| E. Other? .....         | yes | no |

***My student's allergies may cause anaphylaxis and he or she carries at all times the appropriate injectable prescribed by his or her physician .....*** YES

***My student has experienced asthmatic episodes that necessitate that he or she carry at all times the appropriate inhalant therapy prescribed by his or her physician .....*** YES

Explain allergies as needed \_\_\_\_\_

Please list all medicines (over-the-counter and prescription) that your student is presently taking

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# HOOVER HIGH SCHOOL BAND EMERGENCY MEDICAL GUIDELINES

During off-campus band related activities, your student may require emergency medical help due to injury or a sudden adverse change in his/her medical condition. The band directors and/or chaperones will take appropriate steps to get the immediate medical attention your student requires. A designated person (usually one of the chaperones) has typical over-the-counter first aid supplies and medicines to use to aid your student. Your student's Medical Information Form will be available on all off-campus activities and will be used in evaluating the level of care your student requires.

Occasionally, the appropriate level of care will be taking your student to the nearest emergency room for evaluation and treatment. If you, as the parent or guardian are present when the emergency occurs, then you will be the principle person to decide what level of care your student requires and we will assist you in any possible way. If you are not present during the emergency, then a band director or chaperone will use their best judgment to help your student.

## IMPORTANT NOTICE:

If you are aware that your student has an allergy to insects or foods that could cause a life threatening reaction, anaphylaxis, then we **require** that your student have on his or her person at all times, whether marching outside or performing off-campus, the appropriate injectable as prescribed by his or her physician to counter this reaction.

If you are aware that your student has experienced asthmatic episodes that could cause significant breathing difficulty, then we **require** that your student have on his or her person at all times, whether marching outside or performing off-campus, the appropriate inhalant therapy prescribed by his or her physician to treat this condition.

If your student requires unusual medical attention for something that could recur during an off-campus activity – not simple first aid treatment, or, not an accidental injury – then, in the best interest of your student, we will **require** that you be present during subsequent off-campus activities in which your student is participating.

After the second occurrence of your student requiring unusual medical attention for something that could recur during an off-campus activity, then a physician's evaluation of your student and a statement of fitness to perform will be required before your student will be allowed to participate in future off-campus activities.

## IMPORTANT NOTICE:

If recurring, unusual medical problems occur for your student during band activities, the Director of Bands reserves the right to limit your student to classroom activities only to avoid the risk of serious medical problems.

I have read the above and will abide by these Emergency Medical Guidelines as they relate to my participation or my student's participation in the Hoover School Band.

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Student Signature

Date

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Parent or Guardian Signature

Date