Adamsville Marching Band Health/Trip Form -Volunteer

(Adapted from the school trip and emergency medical information forms)

Your medical history is essential to providing everyone with a safe learning and traveling environment. It is also vital should an unexpected event arise when medical intervention would be needed. This form enables A.H.S. faculty and Booster leadership to communicate effectively with E.M.S. and other medical personnel, so no time is wasted in getting you care.

Volunteer Name_____ DOB_____

Last First MI

Volunteer Area_____

Band members associated with you, relationship_____

Physical Address_____

Mailing Address_____

Phone Number_____

In case of emergency:

Contact First:

Name_____Relationship_____

Phone_____ Other Phone_____

Contact Second:

Name_____ Relationship_____

Phone_____ Other Phone_____

Medical Information:

Physician Name_____Phone_____

Physician Address_____

Insurance Provider: _____ Policy Number_____

Medical history (check all that apply) The following are common adult conditions and corresponding urgent medications. Please indicate if medications are needed to address your situation. You will need to have these on hand at every event.

Diabetes_____ (Insulin dependent: Yes or No) Angina_____ (Nitroglycerin: Yes or No)

Epilepsy_____ (Rescue meds required: Yes or No) Severe Allergy _____(EpiPen: Yes or No)

Asthma_____ (Inhaler dependent: Yes or No) Stroke_____ (Aspirin 325mg: Yes or No)

Volunteer Name_____ DOB_____

Last First MI

List all physical/medical/ allergy problems:

Medication-List all medications taken regularly and any special instructions. (If insulin-dependent, include sliding scale instructions).

_____
_____
_____
_____

Please sign and date this form, indicating that the information you provided about your health condition is accurate and complete.

Signature: _____ Date_____

Emergency Permission to Treat:

In case of an accident, sudden illness, or life-threatening emergency, I_____ hereby authorize a representative of the school to call 911 or transport me to the nearest emergency room or medical facility for treatment. My signature further indicates that I give my permission for the medical facility to treat me for such illness or accident that may arise during band activities beginning August 1, 2022, through August 1, 2023.

Signature_____ Date_____
