

ALL INFORMATION ON THE FOLLOWING SHEET IS KEPT CONFIDENTIAL
2024-2025 Salem High School Band Medical Release Form
 ALL INFORMATION IS REQUIRED IF APPLICABLE

Full Name: _____ Nick Name _____ DOB: ___/___/___

Address _____ Grade _____ Age _____

City/Zip _____ / _____ Home Phone: _____

Work Phone(s) _____ Cell Phone: _____

Emergency Contact (if parent not available): _____ Phone Number _____

Relationship: _____

Insurance Company: _____ Address: _____

Policy Number: _____ Phone: _____

Name of Student's Physician: _____ Phone # _____

I give permission for my child's name and photo to be used on the band's Social Media: Yes ___ No ___

Signed: _____ **Date:** ___/___/___

Health History: All Information Required

Med Allergies: _____ Allergy to Bees/Insects ___ Yes or No ___
 Food Allergies: _____ Does Student Carry an EPI PEN? ___ Yes or No ___
 Seasonal/Environmental Allergies: _____ Glasses or Contacts: ___ Yes ___ No (Circle which)
 Asthma: ___ Yes ___ No Carry Inhaler? ___ Yes ___ No Use a Nebulizer at Home? ___ Yes or No ___

Previous injuries/illnesses: ___ Yes ___ No List _____

List Medical Conditions student currently/intermittently being treated (Diabetes, Crohns, IBS, Anxiety etc)

If any additional information please list: _____

Medications: List all medications tat the student takes on a regular basis or any prescription medicine that may be needed in case of an emergency such as an inhaler or Epi-pen. These medicines must be sent to band functions in their original container with the doctor's instructions and given to the medical staff to administer. The student may keep the inhalers and Epi-pens after notifying the medical staff of this fact. We will be following the school medication policy as closely as feasible.

Medicine	Dose	Frequency

