

**ALL INFORMATION ON THE FOLLOWING SHEET IS KEPT CONFIDENTIAL**  
**2020-2021 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 bands 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

