

DAC Band Medical Emergency Form

Name _____

Birthdate _____ Age _____ Phone (____) _____ ...

Parent/Guardian Home Address _____
(street) (city) (state) (zip)

If not available in an emergency notify:

Name _____ Phone (____) _____

Address _____

Health History

Is Student subject to: YES NO

Ear infections _____

Unusual reactions to insect bites _____

Hay fever _____

Epilepsy _____

Asthma _____

Diabetes _____

Heart Disease _____

Allergy to penicillin, aspirin or other medications (specify):

Serious or chronic illnesses _____
Details _____

PARENT AUTHORIZATION AND PERMISSION:

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities.

In the event of an emergency I hereby give my permission to the emergency personnel to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Health Insurance Coverage:

Company Name Policy Number

Release and Waiver of Responsibility

I, hereby, for myself, my heirs, executors and administrators, waive and release any and all right and claim for all loss or damages I may have against the DAC Band Director for any and all injuries suffered by me at any band activity. I also give permission for the free use of my name and my child's name and/or picture in any broadcast, telecast, or other account or DAC events. Furthermore, I give my permission for my child to participate in all DAC Band activities and trips.

PARENTS MUST SIGN & DATE AUTHORIZATION OR CHILD WILL NOT BE ABLE TO PARTICIPATE IN ANY BAND ACTIVITY

Signature _____ Date _____