MCHS Band - Emergency Medical Form (please write legibly)

Student Name: Last: _____ First:_____ MI_____

Information submitted on this form will only be used by directors, staff, medical team volunteers, and necessary members of MCHS Band Boosters in support of the MCHS Band Program.

I GIVE MY PERMISSION FOR THE ABOVE-NAMED TO TAKE: NONE ☐
Ibuprofen (Motrin) ☐ Tylenol ☐ Benadryl ☐ Tums/Pepto Bismol ☐

Medication student will carry on their person: _____

Is it possible that your child may need emergency medication immediately after performing on the field? YES | NO
-Explain if you answered YES above:

_____

Please list any medical conditions/concerns for the student:

_____

Please list any medications the student currently takes:

_____

Please list any known medication/food allergies:

_____

Date of last tetanus inoculation:_____
INSURANCE NAME:_____ POLICY #:_____
SUBSCRIBER NAME:_____ DATE OF BIRTH:_____
SUBSCRIBER #_____ GROUP #:_____
PHYSICIAN NAME_____
PHYSICIAN OFFICE PHONE_____

In the event of a medical emergency related to the child listed above, I hereby give any hospital my written consent to render whatever emergency medical care may be deemed appropriate by the hospital's emergency medical staff. This consent stands until either I or my spouse can be contacted. If the hospital deems it necessary to contact various healthcare professionals for their services, it should be noted that the following providers are not employees of the hospital. Instead, they are independent contractors who provide services for the parents and are legally responsible for their services. They also fall under this release.

I understand that no one connected with Madison Central High School, or the Madison Central Band Boosters Incorporated, assumes liability for any injury incurred by the participant. I agree to pay all costs incurred by the participants for the hospital bills, physician fees, and ambulance fees.

I understand that an authority figure will make every attempt to contact me, using the information on the participation form, in the event that my child is injured and taken to a hospital for treatment.

I hereby consent for a qualified physician or surgeon to examine, diagnose, prescribe, and perform treatment - including surgery which is deemed medically necessary for the welfare of the student. This consent extends to the approved medications listed above, which may be administered upon the student's request and as directed on the medication package.

Date: _____
Parent/Guardian Signature: _____Relationship: _____

Print Name: _____

Home Phone_____ Cell_____ Work_____