

**GREENSBURG SALEM SCHOOL DISTRICT
2022 – 2023 ‘GOLDEN LION’ BAND
MEDICAL INFORMATION FORM**

*Please print/type all information, sign and notarize on rear of form, and return by 8/1
Note: All members must return this form - only NEW members need to have it notarized!*

NAME: _____ SECTION: _____

ADDRESS: _____

GRADE: _____ EMAIL (PARENT): _____

PARENT/GUARDIAN NAME(S): _____

HOME PHONE: _____ WORK PHONE (1): _____

CELL# (PARENT): _____ WORK PHONE (2): _____

NAMES OF TWO OTHER RESPONSIBLE PEOPLE TO BE CONTACTED IN AN EMERGENCY:

1) _____ PHONE: _____

2) _____ PHONE: _____

HEALTH CONDITIONS / ALLERGIES (please include food allergies):

*** THIS SECTION MUST BE COMPLETED & ENDORSED BY A MEDICAL PROFESSIONAL ***

CURRENT MEDICATIONS AND DOSAGE:

The following **over-the-counter medications** will be in the medical kit at all times. Please circle each medication if you permit a chaperone or staff member to dispense it according to the printed directions on the package:

Advil (or generic)

Tylenol (or generic)

Dramamine (or generic)

Benadryl (or generic)

Pepto Bismol (or generic)

Name of Licensed Physician/PA/CNP: _____

Medical Professional's Address/Phone: _____

Medical Professional's Signature: _____

~ ~ OVER ~ ~

DOES STUDENT WEAR CONTACT LENSES? _____ TYPE: _____

FAMILY DOCTOR: _____ PHONE: _____

MEDICAL INSURANCE COMPANY: _____

ID #: _____ GROUP#: _____ PLAN CODE: _____

PRE-APPROVAL NEEDED? _____ PHONE # FOR APPROVAL: _____

LOCAL HOSPITAL PREFERENCE: _____

In any sickness or injury situation where “superficial first aid” is not sufficient, trained medical personnel will be summoned. When possible, contact will be made with the parent/guardian or other responsible person before treatment occurs. If necessary, transport will be to the nearest hospital unless specified otherwise (if that is practical). These decisions are made at the discretion of the Director, Staff, and/or Chaperones who are not likely to take any risks with the safety of your child.

I, the undersigned, understand that this activity involves strenuous physical exertion and I feel that my son/daughter is physically fit for such activities. I understand that if my son/daughter is injured during the season, a physician’s release may be required before my son/daughter is permitted to resume participation in marching band activities.

I hereby grant permission for my son/daughter to participate with the Greensburg Salem High School Bands in all of their activities and to travel to all performances. I further grant permission for my son/daughter to receive emergency medical treatment as required during any organized music activity, if I cannot be contacted in advance.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Notary Public Signature: _____ Date: _____

Notary Public Printed Name: _____

**** Due to health privacy regulations, this form must be notarized in order for your child to receive care at a medical facility. This notarized signature shall be effective as long as your child is active in the band – notarized forms from the past shall be retained for this purpose. ****