

WHITEHALL "MARCHING ZEPHYR BAND"
MEDICAL INFORMATION SHEET

(For your protection: All forms are confidential and shredded when discarded)

Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____

Email for weekly info: _____

AGE: _____ Birth date: _____

PARENT/GUARDIAN (EMERGENCY CONTACT) information

Parent/ Emergency
Guardian: _____ Contact (relationship): _____
Phone: _____ Phone: _____
H _____ W _____ C _____ H _____ W _____ C _____
Address: _____ Address: _____

CONFIDENTIAL MEDICAL INFORMATION

DO YOU HAVE ANY OF THESE MEDICAL PROBLEMS? If the answer is YES, Please explain on back of this sheet.

_____ ALLERGIES _____ HEADACHES
_____ DIZZY SPELLS _____ EMOTIONAL PROBLEMS
_____ FOOT, LEG OR BACK PROBLEMS _____ ASTHMA
_____ OTHER CONDITIONS _____ DATE OF LAST TETNUS SHOT?
_____ DO YOU TAKE ANY MEDICATION ON A REGULAR BASIS? *Please list clearly on back (include dosage)*

I have been informed of the rules and regulations of the WHITEHALL "MARCHING ZEPHYR BAND." I am aware of the attendance policy, requirements for marching parades/football games/competitions and the financial responsibilities. I am interested in being a member of this unit and will do my best to strengthen the unit by my participation and actions.

MEMBER SIGNED: _____

I am the legal PARENT/GUARDIAN of the above marching member. I give permission for my child to take part in all activities of the group, including, but not limited to practices, performances, trips, etc. I can withdraw this permission at any time by presenting a written statement to the Director and/or Staff. To the best of my knowledge, the child above is in good health and able to perform his or her duties as a member.

PARENT/GUARDIAN SIGNED: _____

I give permission for the above member to be treated as necessary for emergency sickness or injury and release doctors, nurses, hospitals, ambulances, emergency personnel and the WHITEHALL STAFF AND PARENTS FROM LIABILITY.

THIS MEDICAL RELEASE MUST BE SIGNED: _____ **DATE:** _____