

# Whitko Marching Pride

## Medical and Health Information

Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

I understand that in case of an emergency, every reasonable attempt will be made to contact the parent(s)/guardian(s) of the above-named student. If, however, I/we cannot be contacted and a medical emergency arises, I/we by affixing my/our signature(s) to this form gives permission for my/our child to receive all necessary emergency medical care. I the parent(s)/guardian(s), or the above-named student hereby release this information to the directors, staff, and the designees of the Whitko Marching Pride.

\_\_\_\_\_  
*Signature of Parent/Guardian* Date \_\_\_\_\_

\_\_\_\_\_  
*Signature of Student* Date \_\_\_\_\_

### Emergency Contacts (list in order of preference to contact):

1. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

### List any Allergies:

\_\_\_\_\_

### List any medications the student is currently taking:

\_\_\_\_\_

### List any medical concerns that the band staff should be made aware (ex. diabetes, seizures, etc.):

\_\_\_\_\_