

Greece Central School District – Blue Knights Marching Band

Medical Form Revised 02/09

Student: _____ DOB: ____/____/____
(clearly print last name) (first name)

While on the field trip, will your child require medication or any medical treatments? ____ Yes ____ No

If yes please describe: _____

My child has permission to take ibuprofen _____ acetaminophen _____ while at band events.

Does your child have a medical condition of which the staff/chaperones should be made aware of
(e.g. diabetes, asthma, seizure disorder, allergies (including bee stings), etc.) ____ Yes ____ No

If yes, describe: _____

Family Physician: _____ Physician Phone: _____

Insurance: _____ Group #: _____ Medicaid #: _____

Date of last Tetanus Booster: _____

Phone (home) _____ (cell) _____ (work) _____
(mother)

Phone (home) _____ (cell) _____ (work) _____
(father)

Emergency Contact:

(print name) phone

In the event of an emergency, I give permission for my child to be taken to a doctor or emergency room.
I understand that I will be notified as soon as possible.

Parent Signature:

date