

Overbrook Marching Band
Medical Form

Student Name: _____
Last First Middle

Circle: MALE or FEMALE

Parents Home Phone: _____ - _____ - _____

Student's Birth Date: / /
MM DD YEAR

Parent's Work Phone: _____ - _____ - _____

Active Cell Phone: _____ - _____ - _____

Home Address: _____
Street Address City State Zip

MEDICAL PROFILE

(If not applicable, write none)(If nothing is entered, then none will be applied)

History (List any current illness or condition):

Airborne Food and Medical Allergies:

Medication (List any currently being taken):

Medical Insurance Company Name: _____

Insurance Policy/ID Number: _____

I hereby give my permission for medical treatment to be administered to the above named minor child in case of a medical emergency, and if necessary, transport to, and treatment at a local hospital. My signature below also certifies that the above listed information is accurate, complete, and true as of this date. I certify that my child is in appropriate physical health to participate in this activity.

Date: _____ **Parents Signature:** _____

Printed Name: _____