

BHHS BLACK HAWK MARCHING BAND

BAND CAMP HEALTH FORM 2016-2017

Student Name _____
Last First

Home Address _____

Student cell phone number _____

HEALTH HISTORY: Please provide all relevant health issues (diabetes, asthma, seizure disorder, heart murmur, allergies/reactions, nosebleeds, etc) that we need to be aware of. Include any special instructions for treatments here. Attach a separate sheet if necessary.

MEDICATIONS: Please list all medications with dosage and frequency your student is currently taking, including OTC medications.

YOUR STUDENT MUST BE ABLE TO SELF-MEDICATE. IF THEY ARE UNABLE TO DO SO YOU WILL HAVE TO ACCOMPANY THEM TO CAMP.

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

You are encouraged to provide your student with all of the OTC medications that you anticipate that they will require. BBOB does have on-hand a limited supply of OTC medications. Your signature below is required for us to give your student OTC meds for self-medication.

Please indicate any OTC medications that you do NOT want us to provide to your student: _____

NAME _____ RELATIONSHIP TO STUDENT _____

SIGNATURE _____ **DATE** _____

HEALTH INSURANCE CARRIER: _____

POLICY # _____ GROUP # _____

PHYSICIAN : _____ TEL # _____

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EMERGENCY CONTACT INFORMATION

PRIMARY EMERGENCY CONTACT (PLEASE PRINT)

Name: _____
Last First

Relationship: _____

Phone(s) :1 _____ 2 _____ 3 _____

Address: _____

SECONDARY EMERGENCY CONTACT (PLEASE PRINT)

Name: _____
Last First

Relationship: _____

Phone(s) :1 _____ 2 _____ 3 _____

Address: _____

List all individuals that your student can be released to from Band Camp at Spring Arbor University. If they are not on this list they cannot be released. Attach additional sheets if necessary.

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name: _____ Relationship _____

By signing this document, I certify that all of the information stated is current and correct. I will update this document prior to band camp if any of this information changes.

Parent/Guardian Signature

Name

Date

