PRINT AND COMPLETE THIS FORM AND BRING IT WITH YOU TO BAND CAMP CHECK-IN

University of North Carolina Bands

Medical Information for the 2010 - 2011 Academic Year
(information will remain confidential)

Member's Name:_____ Instrument:_____

To Whom It May Concern:

I understand that medical care will be available at all times when the UNC Band is active. I understand that should serious injury or illness occur, medical and/or hospital care will be obtained. I realize a member of the UNC Band staff will notify me in case of serious injury or illness, however, should they be unable to contact me, they have my permission to pursue a course of action which is in the best interest of the member named above.

I hereby authorize and permit any member of the University of North Carolina Band staff to secure any medical treatment, which the band member named above may require or which may be reasonably necessary for such band member while involved with the UNC Bands. A doctor, clinic or hospital may proceed with any medical or surgical treatment that the University of North Carolina Band staff member may authorize for the protection of life and/or limb.

I further understand that I will be responsible for all medical, surgical and transportation costs incurred.

_____
Member Signature Date

List below any physical conditions the Band staff, nurse, physician, or hospital staff should be aware of in the event of an emergency. Please include any medications that are taken to treat the specified condition. Please answer "none" if no conditions exist.

Seizures:_____ Heart Condition:_____ Diabetes:_____

Allergic Reactions to Insect Stings:_____ Other Medical Conditions:_____

Date of Most Recent Tetanus Shot:_____

List medications to which the above named student is allergic:_____

Prescribed, ongoing medications currently taken:

Type:_____ Dosage:_____ Frequency:_____

Type:_____ Dosage:_____ Frequency:_____

Emergency Information

_____ _____
Father's Name Mother's Name

_____ _____
Father's Phone Number Mother's Phone Number

If unable to contact either parent above, I grant permission to contact:

_____ _____
Friend or Relative Contact Number(s)