

# The Bands of Mount Tabor

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## The Marching Spartans

### 2024 Essential Medical Information Form

This form is required for all student members.

#### STUDENT INFORMATION & EMERGENCY CONTACTS

Student's Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Student resides with (circle): Father    Mother    Both Parents    Legal Guardian

Emergency Contact Phone Number 1: \_\_\_\_\_

Who does this number belong to? \_\_\_\_\_

Emergency Contact Phone Number 2: \_\_\_\_\_

Who does this number belong to? \_\_\_\_\_

#### MEDICAL INFORMATION

Family Medical Insurance Provider \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_ Policy Holder's Name \_\_\_\_\_

Drug/Food Allergies \_\_\_\_\_

May we administer other over-the-counter medications to your child for pain or allergies?

Yes            No    (circle one answer)

Does the student suffer from any of the following? (circle any that apply)

Asthma    Seizures    Diabetes    Allergies to Stings    Seasonal Allergies

Does the student carry any of the following? (circle any that apply)

Asthma Inhaler    EpiPen    Prescription Medication

Does the student have any other conditions which might inhibit any band-related activity (including any condition aggravated by heat) or which might cause an emergency situation?