The Bands of Mount Tabor

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The Marching Spartans
2026 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?

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