

FORM #1

**Nitschmann Instrumental Music Association
2018-2019 Medical Form**

PLEASE PRINT CLEARLY & FILL OUT **BOTH** sides

STUDENT INFORMATION:

First Name _____ Last Name _____

Grade _____

Musical Ensemble(s) & Instrument(s) _____

Please list all allergies including food, medication, animals, etc. _____

Will your child be carrying an epi-pen and/or inhaler with him/her to summer camp, parades,
and/or other musical ensemble functions: YES or NO (Circle One)

List all Prescription and Non-Prescription medications that your child is taking _____

Does your child have a physical, Medical, or Psychiatric condition that we should know about?

YES or NO (Circle One) If **yes**, please provide details: _____

Emergency Contact to be reached during the band camp hours. In case of an emergency, we
must be able to reach someone at the number you provide: Name _____

Phone # _____ Relationship to Student _____

Please note: Parent Volunteers will not be authorized to administer medicine. If a problem arises,
the parent(s) or emergency contact will be notified immediately.

Do you authorize the parent volunteers to administer Neosporin and/or band aids during
summer band, rehearsals, parades, etc. YES or NO (Circle One)

Please complete page 2 and sign

PARENT INFORMATION: (Please print clearly)

Child's First Name _____ Last Name _____

You will be receiving communication regarding band, orchestra, jazz band, and color guard throughout the year from the band director, color guard advisor, and parent group. Please keep us informed of any address/e-mail changes throughout the year so you are always receiving the latest information. In the instance of a child with 2 households, please feel free to include both mailing addresses and both e-mail addresses so that the same information will always reach both households. Due to size restrictions, we will only list 2 e-mails per student on our roster.

Mother's/Legal Guardian's First & Last Name

Mother's/Legal Guardian's Mailing Address _____

Mother's/Legal Guardian's Home Phone # _____

Mother's/Legal Guardian's Cell Phone # _____

Mother's/Legal Guardian's E-Mail _____

Father's/Legal Guardian's First & Last Name

Father's/Legal Guardian's Mailing Address _____

Father's/Legal Guardian's Home Phone # _____

Father's/Legal Guardian's Cell Phone # _____

Father's/Legal Guardian's E-Mail _____

Emergency contact in the event the parent cannot be reached immediately.

Name _____ Phone # _____

Signature of Parent/Guardian _____

Please make sure page 1 is completed.