

Nazareth Area “Blue Eagle” Marching Band Emergency Medical Form

Please complete and return this form ASAP. This form will be kept on file for the 2021-22 school year (fall football/competition season as well and spring events). If you need to update information as the year progresses, please contact Mr. Hilborn ASAP. The Nazareth Area School District form also needs to be completed for travel purposes for the fall season.

Student's Name _____
PLEASE PRINT NAME

We permit our son/daughter to receive emergency medical treatment by a qualified person should the need arise.

Parent's Signature _____ Date _____

EMERGENCY INFORMATION – PLEASE PRINT ALL INFO!!!!

Father's Name _____

Mother's Name _____

Address _____

City _____ Zip _____

Work Phone _____ Home Phone _____

Cell Phone _____

Name of person to contact if we are unable to reach parents:

Name _____ Relationship _____

Phone _____

*****IMPORTANT – Please list ANY and ALL medications (Tylenol, Aspirin, Sudafed, etc...) that your child may have in his/her possession during band time (rehearsals, performances, trips, and events):**

*****IMPORTANT – Please list ANY information, medical history, allergies, etc... of which we should be aware or you deem important for us to know:**