



Health Form

Student's Name: _____ / _____ / _____
(Last) (First) Date of Birth

Parent or Legal Guardian

Names: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone (Mom): _____ Cell Phone (Dad): _____

Medical Insurance Company: _____ Policy Number: _____

Alternative Emergency Contact

Name: _____ Relationship to Student: _____

Number Home and Cell: _____

Name: _____ Relationship to Student: _____

Number Home and Cell: _____

Please Note: This health form will also accompany the student on all trips with the band.

Health History (Please check if applies)

PLEASE LIST CURRENT MEDICATIONS
AND DOSAGE STUDENT IS TAKING
(over the counter and or prescription)

- _____ Heart/Cardiac
- _____ Respiratory
- _____ Orthopedic
- _____ Neurological
- _____ Other

Date of Last Tetanus shot _____ / _____
Month Year

(Continued on Back)

ALLERGIC TO MEDICATION YES _____ NO _____ (if yes, please explain)

ALLERGIC TO INSECT STINGS YES _____ NO _____ (if yes, please explain)

OTHER ALLERGIC REACTIONS YES _____ NO _____ (if yes, please explain)

Please explain any checked areas, or any other health factors that would restrict the student from participating in the activity.

PERMISSION TO ADMINISTER MEDICATION

I give permission for any chaperone to administer the following to my student. If no medication is checked, none will be given.

_____ Antacid

_____ Tylenol (acetaminophen)
500 mg
1-2 caps q4-hrs

_____ Motrin (ibuprofen)
200 mg
1-2 q8hrs

All members are required to have had a physical examination within the past 13 months prior to the first day of practice. All updated physical examination documentation must be submitted with the health forms.

This health history is correct to the best of my knowledge. The student listed has permission to engage in all Oakmont-Overlook Marching Spartans activities for the 2018–2019 school year unless otherwise noted on this form.

I hereby authorize The Oakmont-Overlook Marching Spartans Director and or Chaperone to seek any medical attention deemed necessary at my expense to secure the well-being of the above-named student.

Signature of Parent/Guardian

Date

RELEASE FORM

I, _____, individually and as a
Father/Mother/Guardian of _____ do
hereby, give permission for my son/daughter to participate with the Oakmont – Overlook
Marching Spartans for the purpose of furthering his/her own interest in music. I, hereby,
covenant and agree with the President, Executive Board, Band Director, Staff, Band Camp
Director, members of the Oakmont Overlook Music Parent's Association, and any and all related
parties, officers, agents, employees, to indemnify and hold harmless each and every one of them
from, and against, all claim, liability, loss, cost, damage, and expense which may in any way
arise out of or in connection with, the involvement of my son/daughter in the program or in the
use of such facilities; including without limitation all claim he/she or I might have for personal
injury to him/her or to any member of my family so arising. I do, hereby, further testify as to my
son/daughter's sound health of mind and body.

I intend this statement to take effect as a sealed instrument.

Date _____ Signature _____