

**2009-2010 DeSales Marching Band
Student Emergency Information**

**Please complete this form and return to Mr. Steller. This form is needed for
Band Camp, the Fall Marching Band and Spring Band Trip.**

I/We understand and agree to the following:

- ❖ One signed permission slip/health form per student must be on file with the Band.
- ❖ Separate paper work is required for each student.
- ❖ You must have this Emergency information on file before you will be allowed to attend any band events.
- ❖ Saint Francis DeSales High School and staff, DHS directors, Band Boosters and chaperones are released from liability during any band events.

Student signature: _____

Parent/Guardian signature: _____

Student Name: _____ **Date of birth:** _____

Address: _____

Phone Number: _____ **Cell Phone:** _____

Father/Guardian's Name: _____

Address (if different from student): _____

Home Phone: _____ **Work:** _____ **Cell Phone:** _____

Place of Employment: _____

Mother/Guardian's Name: _____

Address (if different from student): _____

Home Phone: _____ **Work:** _____ **Cell Phone:** _____

Place of Employment: _____

In the event this student becomes ill, name two people i.e. relative or friend to be contacted if you cannot be reached.

1. _____ **Relationship** _____ **Phone** _____

2. _____ **Relationship** _____ **Phone** _____

Please give any pertinent information regarding the health of this child, including allergies and reactions, current medications/treatments, or assistance needed from a nurse.

Please check those medications your child may take if needed.

These medications are to be given by an adult only.

____ Tylenol ____ Aspirin ____ Ibuprofen
____ Dramamine ____ Antacid ____ Pepto Bismol
____ Sudafed/Cold tablets

Do we have your permission to seek emergency medical/dental treatment if deemed necessary.

Yes No

**Please attach a copy of your insurance card in the box .
Front AND Back of card must be copied and attached.**