

**2008-2009 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.**