



IF CORPS MEMBER IS A MINOR, FORM IS TO BE FILLED OUT BY PARENT OR GUARDIAN, PLEASE PRINT.

Last name		First Name		Home Phone	
D.O.B	Cell Phone		Home Address		
City		State	Zip		
Medical Insurance Carrier:				Policy/Group #	
Emergency Contact Name				Emergency Contact Phone #:	

**IMPORTANT: PLEASE PROVIDE A COPY OF MEDICAL INSURANCE CARD-FRONT & BACK**

Ear Infections	Yes	No	Bleeding/Clotting	Yes	No
Heart Defect/Disease	Yes	No	Physical Limitations	Yes	No
Mononucleosis	Yes	No	Medical Devices Needed	Yes	No
Seizures	Yes	No	Dietary Restrictions	Yes	No
ADD/ADHD	Yes	No	Other	Yes	No
Asthma	Yes	No			

**ESSENTIAL ELIGIBILITY REQUIREMENTS:**  
MEMBERS MUST HAVE THE ABILITY TO PREFORM STRENUOUS ACTIVITIES FOR EXTENDED PERIODS OF TIME, POSSIBLY IN THE SUN OR EXTREME TEMPERATURES.

If yes to any of the above please specify:

I authorize the following medications or their generic equivalent to be administered if needed: **Allergies**

Benadryl	Y	N	Hay Fever	Y	N
Throat Lozenges	Y	N	Bee Stings	Y	N
Tylenol	Y	N	Oak/Ivy	Y	N
Ibuprofen	Y	N	Penicillin	Y	N
Pepto-Bismol	Y	N	Other Drugs	Y	N
Chloroseptic	Y	N	Food-Specify		
Antacids	Y	N	Other-Specify		

Date of Last Physical:

Date of Last Tetanus:

**CURRENT MEDICATIONS**

Name of Medication	Reason for Medication	When is it Taken?

**AUTHORIZATION FOR TREATMENT:** THE INFORMATION PROVIDED IS CORRECT AS FAR AS I KNOW, AND THE PERSON HEREIN DESCRIBED HAS PERMISSION TO ENGAGE IN ALL DRUM CORPS ACTIVITIES. IN THE CASE OF A MEDICAL EMERGENCY WHERE I CAN NOT BE REACHED, I HEREBY GIVE PERMISSION TO THE MEDICAL PERSONNEL SELECTED BY THE CITATIONS DRUM AND BUGLE CORPS TO MAKE DECISION ABOUT MEDICAL TREATMENT ON MY BEHALF AND GRANT PERMISSION TO THE PHYSICIANS SELCTED BY THE CITATIONS DRUM AND BUGLE COPRS TO SECURE AND ADMINISTER TREATMENT, INCLUDING HOSPITALIZATON, FOR ABOVE SPECIFIED PERSON. I FURTHER UNDERSTAND THAT I AM RESPONSIBLE FOR ANY AND ALL CO-PAYMENTS, DEDUCTIBLES AND UNCOVERED MEDICAL COSTS INCURRED OR NOT COVERED BY MEDICAL INSURANCE. THIS DOCUMENT SHALL SERVE AS A RELEASE OF ALL CLAIMS AGAINST THE CITATIONS DRUM AND BUGLE CORPS OR ITS STAFF, MEMBERS, EXECTIVE BOARD OR DIRECTOR OF PERSONAL INJURY TO THE PARTICIPANT ANDIS AN UNDERSTOOD ASSUMPTION OF RISK.

PARENT/GUARDIAN SIGNATURE (if member is under 18) \_\_\_\_\_ DATE: \_\_\_\_\_