



2008 Treatment Authorization,
Medical Information
& Permission Form

- TO BE COMPLETED BY PARENT/GUARDIAN & MEMBER -

I, the undersigned, being the Parent, Legal next of Kin, or Legal Guardian of
hereby authorize any necessary Medical Treatment for this person while participating in the activities of The Citations
Drum and Bugle Corps during the 2007-2008 season. I will also promise to guarantee payment for any and all charges
incurring for medical treatment (Physician, Hospital, X-Ray, Lab, Drugs, Ambulance, Etc.). In regard to such person, I
submit the following information:

Member's Full Name: Date of Birth:

Residence Address

Residence Phone Number: Father's Office Mother's Office

Allergies to Food / Medicine:

Special Medical Conditions:

- Diabetes Bone Problems Asthma Seizures/Epilepsy Heart
Hypoglycemia Fainting Spells High Blood Pressure Contact Lens Wearer
Other:

Year of Last Tetanus Shot: (DO NOT LEAVE BLANK):

Primary Care Physician: Physician Phone Number:

If unable to contact Parents/Guardians, Please Call:

Name Phone Number ( ) Relationship

INSURANCE INFORMATION

Name of Insurance Company: ID#

Insurance Company Member Services Telephone #

ADDITIONAL INFORMATION - MEDICATION / INHALERS

My Son/Daughter has my permission to take the following MEDICATION as prescribed by our family doctor. We
understand that should our Son/ Daughter be found in possession of any prescription drug not specified herein, action
may be taken against him/her.

Please attach Doctor's Note if necessary.

Table with 4 columns: Name of Med, Condition for Med, Time/Frequency, Dose. Rows 1, 2, 3.

NON-PRESCRIPTION MEDICATION

What does the participant take for the following: (Please indicate brand name and permitted dosage, example - Extra
Strength Tylenol, 2 tablets every 4 hours). Please note: the following medications will be made available from the corps
nurse. If you take any medications other than the ones listed, it is your responsibility to supply the corps nurse with that
medication.

- HEADACHE Tylenol Ex St. Tylenol Advil Dosage Frequency
DIARRHEA Immodium Pepto Dosage Frequency
INDIGESTION Tums Mylanta Dosage Frequency
ALLERG.REACT Benadryl Dosage Frequency

PERMISSION FOR PARTICIPATION

I hereby give my permission for my son/daughter/ward to participate in the activities of the Citations Drum and Bugle
Corps for the 2007-2008 season. I hereby indemnify and hold harmless the Administration, Officers, Directors, Trustees,
Staff, Chaperones, Boosters, & Sponsoring Organizations any accidents or injury resulting from participation in the
activities of The Citations Drum and Bugle Corps.

Parent/Guardian's Signature Date:
(Required regardless of age)

Member's Signature Date: