

**New Hampshire Band Directors Association
Middle Level Honors Band
Medical Form**

Name _____ DOB _____ Age ____ Sex ____
Parent/Guardian _____
Home Address _____ City _____ Zip ____
Business Address _____ City _____ Zip ____
E-mail Address _____
In case of emergency notify: _____ Relationship _____
Home Address _____ City _____ Zip ____
Business Address _____ City _____ Zip ____

Health History

Family Physician _____ Telephone _____
Allergies (please list any allergies, including medications - use back if needed)

Heart Trouble (explain) _____
Blackouts/Convulsions (explain) _____
Asthma/Bronchitis _____
Other (explain) _____

Special Dietary Needs _____

IMPORTANT: Are there any illnesses for which this student is currently receiving treatment or medication? _____

**IN CASE OF A MEDICAL EMERGENCY, I HEREBY AUTHORIZE ANY
LICENSED PHYSICIAN, HOSPITAL, CLINIC OR OTHER MEDICAL
FACILITY TO HOSPITALIZE AND SECURE PROPER TREATMENT FOR MY
CHILD NAMED ABOVE.**

Medical Coverage: Policy and Name and Number

Parent/Guardian Signature

Date

**No student will be allowed to participate in the festival without this form properly
completed and returned.**