2021-2022 FOOTHILL MARCHING BAND
EMERGENCY AUTHORIZATION FORM

Student Information Section

Last Name _____ First Name _____ ID# _____

Date Of Birth (MM/DD/YYYY) _____ Student Cell Phone _____

Gender: Male ◯ Female ◯ Other ◯ Prefer Not To Say ◯

Graduation Year: 2022 ◯ 2023 ◯ 2024 ◯ 2025 ◯

Medical Information Section

Allergies: (please list any/all)

Medications taken on a regular basis: (please list all)

Known illnesses:

Insurance Carrier: yyyyy Policy Number: _____

Physician Name: _____ Physician Phone: _____

Dentist Name: _____ Dentist Phone: _____

Emergency Contacts:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Additional Comments:

I, the undersigned parent or legal guardian of the above named minor, do hereby authorize and consent to any medical care performed by the designated First Aid Band Chaperone of the Foothill Band, or prescribed by a licensed medical provider in the United States. I understand that the designated First Aid Chaperone on Band trips, who has a certificate in First Aid/CPR, may or may not be a nurse or physician. It is understood that efforts shall be made to contact the undersigned prior to rendering treatment to the patient, but that treatment will not be withheld if the undersigned cannot be reached. In the event that I cannot be reached, I hereby authorize one of the additional emergency contacts to be contacted in my absence.

Parent / Guardian Name: _____ Phone: _____

Parent / Guardian Signature _____ Date: _____