PLEASE PRINT AND COMPLETE THIS FORM AND BRING IT WITH YOU TO THE FIRST BAND CAMP SESSION YOU ATTEND

University of North Carolina Bands

Medical Information for the 2023-2024 Academic Year

(information will remain confidential)

Member's Name:		Instrument:	
To Whom It May Concern:			
illness occur, medical and/or hospi	tal care will be obtained. I r	realize a member of the U	ive. I understand that should serious injury of NC Band staff will converse with me in case of nave my permission to pursue a course of action
band member named above may re	equire or which may be read may proceed with any medi	sonably necessary for suc	aff to secure any medical treatment, which the band member while involved with the UN that the University of North Carolina Band sta
I further understand that I will be r	esponsible for all medical, s	urgical and transportation	costs incurred.
Member Signature / Guardian Sign	ature if Member is not yet 1	8 years old	Date
List below any physical conditions	the Band staff, nurse, physic	cian, or hospital staff sho	uld be aware of in the event of an emergency. nswer "none" if no conditions exist.
Seizures:Heart C	ondition:	_Diabetes:	Peanut Allergy:
Allergic Reactions to Insect Stings	:	Date of Most Recent Tet	anus Shot:
Other Medical Conditions / Allerg	ies:		
List medications to which the above	re-named student is allergic:		
Prescribed, ongoing medications of	urrently taken (list additiona	al medications on the bac	k of this form):
Гуре:	Dosage:	Freque	ncy:
Туре:	_ Dosage:	Freque	ncy:
Emergency Information			
Guardian's Name		Guardian's Nan	ne
Guardian's Phone Number		Guardian's Pho	ne Number
If unable to contact either parent	above, I grant permission to	o contact:	
Alternate Contact(s)		Contact Numbe	r(s)