



****Required****

SSN _____

MEDICAL INFORMATION

(please print neatly and completely)

Name _____ Birth Date ____/____/____
(Last) (First) (Initial) (Month) (Day) (Year)

Home Address _____
(Street) (City) (State) (zip)

Home Phone () _____ Father's Office() _____ Mother's Office () _____

Physician's Name _____ Phone() _____

Person to notify in case of emergency if parents/guardians are not available

Name _____ Relation _____ Phone () _____

Year of Last Tetanus Shot: _____ (If it has been more than 5 years, we suggest that you get a booster shot before tour)

Have you had or been vaccinated for: Measles Yes No Chicken Pox Yes No

- | | | | |
|-----------------------------------|--|-----------------------------------|--|
| 1. Any reaction to penicillin? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 5. Any reaction to any drug? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Any regular use of medication? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 6. Any use of insulin? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Any chronic physical problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 7. Any known allergies(food/ect)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Any dietary restrictions? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 4. Do you smoke? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Any special medical problems? Please explain: _____

Non- Prescription Medication: If there is any non-prescription medication you do not want your child to take, please list them. If you have a preference or special need for a specific over-the-counter medication, it is your responsibility to supply the corps with that medication.

Prescription Medication: My child/ward has my permission to take the following MEDICATION as prescribed by our family doctor. *We understand that should our child/ward be found in possession of any prescription drug not specified herein, action may be taken.* Please attach Doctor's Note if necessary.

	Name of Med	Condition for Med	Frequency/Time	Dose
1				
2				

INSURANCE INFORMATION PLEASE ATTACH A COPY OF YOUR MEDICAL CARD.

Medical Insurance Company _____ ID # _____

Address _____ Phone() _____

In the event that I cannot be reached in an emergency, I hereby give permission to the physician, selected by an adult leader of Teal Sound to hospitalize, secure proper anesthesia or give any other necessary care for my child/ward. This authorization does not cover major surgery unless prior to surgery, the medical opinions of two other physicians concur in the necessity for such surgery..

(Member Signature) (Date)

(Signature of parent/guardian) (Date)
(Required if applicant is under 18 years of age)

Emergency Medical Authorization

We, the undersigned, do hereby consent and authorize any duly authorized doctor, emergency medical technician, hospital or other medical facility to treat or attempt to treat the participant for any injuries received by said participant while he or she participates in any activity of the Teal Sound Drum and Bugle Corps ("Corps"). We further authorize any licensed physician to perform any procedure which he or she deems advisable in attempting to relieve or treat any injuries or any related unhealthy condition in said participant that might be encountered during any necessary procedure or operation. We further consent to the administration of any anesthesia as deemed advisable by any licensed physician, and do hereby further authorize any x-ray examination, medical or surgical diagnosis or treatment, and hospital care to be rendered to the participant in our absence under the general or special supervision and on the advice of a licensed physician, surgeon, anesthesiologist, dentist or other qualified personnel acting under their supervision.

We, the undersigned, realize and appreciate that there is a possibility of complication and unforeseen consequences in any medical treatment, and we assume any such risk on behalf of ourselves and the participant as stated herein. We acknowledge that there has been no warranty made as to the results of any such treatment or diagnostic procedure.

Each of the undersigned expressly acknowledge and agree that they have read and understood the terms of this form including the CONSENT TO PARTICIPATE, RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT coupled with the EMERGENCY MEDICAL AUTHORIZATION and further state that no oral representations, statements, or inducements apart from the foregoing written provisions have been made.

I understand that the Teal Sound is a substance-free organization and that I will refrain from any cigarette smoking, alcohol consumptions or that taking of any illegal drugs while participating in any corps activity. I understand that violation of these rules and policies may result in disciplinary action against me including my removal from these programs. I agree to follow the rules and policies of the Teal Sound Drum & Bugle corps as a member of the corps.

I understand that all registration, camp, and transportation fees paid to the Teal Sound are absolutely non-refundable. I also understand that tuition is non-refundable unless I do not qualify for the corps due to the lack of ability as determined by the director of the corps. This includes voluntary withdrawals due to personal injury, family emergencies, and other personal matters or dismissal from the corps due to misbehavior, lack of attendance or violation of the corps code of conduct. If I check out any equipment from the corps, I agree to return it back at my expense to the corps in like condition as I received it within 10 days of withdrawal or dismissal from the corps. If not, I agree to pay the corps for the replacement cost of such equipment in addition to the forfeiture of any fees paid.

WE HAVE READ, UNDERSTOOD, AND VOLUNTARILY SIGNED THIS RELEASE

_____ Date _____
Parent/Guardian Signature (if member under 18)

_____ Date _____
Parent/Guardian Signature (if member under 18)

_____ Date _____
(Participant)

Emergency Contact Information

Name: _____ Phone: _____

Address _____ City/State _____ Zip _____

Place of Employment _____ Wk. Phone _____

This form is good for the current drum corps season (December 15 – August 12) as indicated above, completion and signature of this form by the participant and his or her parents if the participant is under age 18 is required for participation in any activities connected with the Teal Sound Inc. Failure to return this form will result in the member not being allowed to participate with the organization.