

UPDATE TO THE EMERGENCY MEDICAL FORM

Band Camp

The purpose of this form is to UPDATE any items which may have changed since we received your last form. Please make all pertinent information available to us so we can, if needed, provide the best possible care for your child. Please PRINT ALL INFORMATION. If you need to change any items that are not listed, please use the bottom or back of this form. **PLEASE ONLY COMPLETE NEW INFORMATION AND THE CHILD'S NAME.**

STUDENT INFORMATION:

STUDENTS NAME _____ Age _____ Grade _____
Last First Middle

HOME TELEPHONE: () _____ Date of Birth _____

ADDRESS _____
Street & #

_____ Zip
City State

UPDATED PARENT/GUARDIAN INFORMATION:

FATHER'S FULL NAME _____ HOME PHONE NUMBERS _____

MOTHER'S FULL NAME _____ HOME PHONE NUMBERS _____

NEW INSURANCE INFO? _____

UPDATED MEDICAL INFORMATION ON THE STUDENT:

please list only new information that would not be found on the original forms

UPDATED ALLERGIES: _____

(Include allergies to Food, Animals/Insects, Environmental)

UPDATED MEDICAL (drug) ALLERGIES: _____

UPDATED MEDICAL CONDITION or DIAGNOSIS:

MEDICATIONS: this must be completed if you are taking prescription meds on the trip!!!!

Name of Medication

Dosage

Time of Day

ANY ADDITIONAL INFORMATION WHICH WOULD BE HELPFUL TO US: use back if necessary

Parent Signature _____ Date _____