



MEMBER MEDICAL INFORMATION AND CONSENT FORM

7th Regiment Drum and Bugle Corps
P.O. Box 64, New London, CT 06320

A COMPLETED PAPER COPY OF THIS FORM MUST BE SUBMITTED UPON REGISTRATION AT FIRST CAMP. NO EXCEPTIONS WILL BE MADE.

MEMBER NAME: _____ PREFERRED NICKNAME: _____

SEX: M F GENDER IDENTITY/PRONOUNS: _____ AGE: _____ DOB: ____/____/____
MM DD YYYY

PERMANENT ADDRESS: _____ EMAIL: _____

PHONE: () _____

EMERGENCY CONTACT INFORMATION

PARENT/GUARDIAN: _____

ADDRESS: _____

ALTERNATE EMERGENCY CONTACT

(If parents cannot be reached in an emergency)

NAME: _____

Best Number C CELL PHONE: () _____
(Circle One)

W WORK PHONE: () _____

H HOME PHONE: () _____

RELATIONSHIP: _____

CELL PHONE: () _____

OTHER PHONE: () _____

INSURANCE INFORMATION

MEDICAL INSURANCE COMPANY NAME: _____

GROUP NUMBER: _____

POLICY HOLDER'S NAME _____

POLICY HOLDER'S DOB: ____/____/____

POLICY MEMBER ID #: _____

Please review the following carefully and supply details.

As part of the audition process you will meet with the Health and Wellness Director.

In signing below you are acknowledging and accepting that in the event of the discovery or reveal of the omission or otherwise absence of notification of a preexisting medical condition(s) that may adversely affect your experience with the Corps and thus your full tour participation will be considered a breach of contract and your participation may be terminated at the discretion of the Corps Director and Health and Wellness Director.

_____(Initials of Member)

_____(Initials of Parent/Guardian if under 18)

Note: the existence of a medical condition may not preclude you from this activity, but we need to evaluate all medical conditions to ensure your safety and wellness as well as that of other Corps members.

PLEASE REVIEW THE FOLLOWING CAREFULLY AND SUPPLY DETAILS

Y N *Have you ever been restricted from a physical activity? If so, why?*

Y N *Have you ever had surgery?*

Y N *Do you have a history of broken bones, serious sprains/tendonitis or shin splints?*

Y N *Any recent history of mononucleosis?*

Y N *Have you ever had a seizure?*

Y N *Do you have seasonal allergies requiring medical treatment?*

Y N *Do you have any allergies (bites/stings, food, medication)? If so, what is the nature and severity of your reaction with treatment plan in the event of reaction?*

Y N *Do you take prescription drugs regularly?*

Y N *Do you have a chronic/ongoing illness such as diabetes/asthma?*

Y N *Do you have a heart condition?*

PLEASE REVIEW THE FOLLOWING CAREFULLY AND SUPPLY DETAILS

Y N *Has exercise ever caused you to pass out? Are you able to tolerate the Drum Corps environment including but not limited to long practices which will require extended time in the heat and sun (with reasonable water and shade breaks allotted)?*

Y N *Do you have any skin conditions such as rashes/eczema?*

Y N *Ever have anxiety or depression requiring medical treatment?*

Y N *Are you able to carry items that weigh more than 25 pounds for more than 10 minutes? (Particularly pertinent to those in Battery and Tuba Players)*

Any other medical issues to disclose:

Y N ***Dietary Restrictions:*** *Please list any dietary/food accommodations, restrictions, or allergies you have.*

If you have a special need for treatment with specific over-the-counter medication, joint braces, or muscle therapy, IT IS YOUR RESPONSIBILITY TO SUPPLY THESE TREATMENTS.

REQUIRED IMMUNIZATIONS AND DATES GIVEN

(list all in series or proof of titer; you may provide a copy of the immunization record from your provider in lieu of writing in the dates):

| | | | | |
|-------------------------|-------|-------|-------|-------|
| Varicella (Chicken Pox) | _____ | _____ | | |
| MMR | _____ | _____ | | |
| Meningitis (Menactra) | _____ | _____ | | |
| Tetanus (TdaP) | _____ | _____ | _____ | _____ |
| Hepatitis B | _____ | _____ | _____ | _____ |

OVER-THE-COUNTER AND PRESCRIPTION MEDICATION

Please list below any **OTC/NON-PRESCRIPTION MEDICATION** that you **DO NOT** want the corps to administer to your child.

PLEASE DO NOT ADMINISTER THE FOLLOWING MEDICATIONS:

My child/ward has my permission to take the following **MEDICATION** as prescribed by his/her doctor. We understand that should our child/ward be found in possession of any prescription drug not specified herein; action will be taken. **Please attach physician's note/medication authorization, signed and dated within the past 6 months.** Med Staff will in special circumstances such as temperature-controlled requirements, hold safe their medications if needed. However, the majority of circumstances will require the member to carry and take their own medication on the schedule prescribed by their doctor. *(For instance, thyroid medication before breakfast, albuterol inhaler every four hours as needed.)*

List all prescription medication with the condition medication is taken for, dosage, time, and frequency (all prescriptions must be in their original labeled container):

MEDICAL CONSENT

_____ is a member of the 7th Regiment Drum and Bugle Corps, and as a member engages in practice, tours and performance. The undersigned desires that said member receive the proper medical treatment in the event of illness or accident, consents to the administration of all medical treatments as may be deemed necessary and accepts financial responsibility for said treatments. In accepting this consent, 7th Regiment agrees to notify a parent, guardian or other identified emergency contact in the event of any serious accident or illness.

In case of emergency, I authorize the attending 7th Regiment staff/volunteer members to sign release forms for the admitting and treatment of above-named patient. If emergency surgery is required and I cannot be reached, I authorize the attending 7th Regiment staff/volunteer member to sign proper release forms for surgery and related treatment of above-named patient.

I understand that all information provided in this document will be kept in strict confidence and will be available only to 7th Regiment staff/volunteers and other authorized personnel who provide first aid and/or medical care as required to render appropriate treatment.

I recognize that there are certain inherent risks associated with participating in a drum corps and I assume full responsibility for personal injury to myself/my child, and further release and discharge 7th Regiment Drum and Bugle Corps, their employees, volunteer staff and members for injury, loss or damage arising out of my/my child's participation in this rigorous activity, receiving first aid and/or medical care, whether caused by the fault of myself/my child, 7th Regiment Drum and Bugle Corps, members, staff and/or volunteers.

I/We have read in entirety 7th Regiment's Membership Handbook and understand that it is my/my child's responsibility to attend to all information in this packet that pertains to me/them and taking care of my/their health.

I hereby state that the information provided is complete and accurate to the best of my knowledge and I will notify the drum corps staff of any changes in my/my child's medical condition or change in contact information.

Member's Signature: _____ **Date:** ____/____/____

AND Parent signature if participant is under 18 years of age

Parent/Guardian Signature: _____ **Date:** ____/____/____