10/2013

Hawthorne Caballeros Alumni Drum & Bugle Corps, Inc.

Medical Information/Release Form

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____/_____-_____ Cell: _____/_____-_____

Blood Type: _____ Social Security Number (optional): _____

Personal Physician's Name: _____ Phone #: _____/_____-_____

Medical Insurance Provider: _____ Policy #: _____

Date of Birth: Month _____ Day _____ Year _____ E-mail: _____

Emergency Notification Information, name of individual(s) to be notified: **(PLEASE PRINT CLEARLY)**

(1) _____ Phone: (h)_____(w)_____(c)_____

(2)_____ Phone: (h)_____(w)_____(c) _____

(3)_____ Phone: (h)_____(w)_____(c) _____

Emergency Medical Information: *(Use the back for additional information)*

Prescribed medicine(s) you currently take: _____

Is medicine with you at all times? _____ Where is medicine kept? _____

Do you have allergic reactions to any foods, insect toxins, other? Specify: _____

Explain any chronic condition(s) that EMS or hospital personnel should be aware of: _____

_____

_____

Personal Authorization for Emergency Treatment:

In the event that I should require emergency medical attention as determined by EMS or hospital personnel while participating with the Hawthorne Caballeros Alumni Drum & Bugle Corps, and I am personally unable to sign an authorization for treatment, **my signature below will act as my authorization** for doctors, nurses, EMS or hospital personnel to perform any and all necessary procedures, and render treatment as required including the administration of anesthesia. I understand that, unless critical, every attempt will be made to contact the individual(s) listed above prior to initiating any medical procedure.

Signature: _____ **Date:** _____

REFUSAL: I hereby refuse to divulge any current personal health or medical history information, but have indicated an individual or individuals above to notify in the case of a medical emergency.

Signature: _____ **Date:** _____

This form is strictly confidential. It will be kept by the Corps Director and/or designated Staff and used only for the purpose of providing essential notification and medical information in the case of a medical emergency.