

**Deer Valley High School**  
**Marching Band/Colorguard Student Medical Form**  
**(ADDITIONAL INFORMATION AND SIGNATURE REQUIRED ON REVERSE SIDE)**

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|                                                                                                                                                      | <b>Check all applicable conditions of student and explain below</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Student's Last Name <span style="margin-left: 150px;">First</span> <span style="margin-left: 100px;">Middle Initial</span>                           | <input type="checkbox"/> Allergies (General)<br><input type="checkbox"/> Allergy to bee stings<br><input type="checkbox"/> Asthma<br><input type="checkbox"/> Backaches or weak back<br><input type="checkbox"/> Bowel or bladder problems<br><input type="checkbox"/> Car/sea sickness<br><input type="checkbox"/> Epilepsy or convulsive disorder<br><input type="checkbox"/> Hay fever<br><input type="checkbox"/> Headache<br><input type="checkbox"/> Heart trouble or murmur<br><input type="checkbox"/> Poison Oak<br><input type="checkbox"/> Respiratory Problems<br><input type="checkbox"/> Sinus trouble<br><input type="checkbox"/> Sleep Walking<br><input type="checkbox"/> Vomiting<br><input type="checkbox"/> Diabetes<br><input type="checkbox"/> Other<br><br>Explain:<br><br><br>Is student capable of participating in strenuous activities?<br><br>Yes <span style="margin-left: 100px;">No</span><br>Explain:<br><br><br>Any other important medical needs?<br><br><br>Any food allergies?<br>Yes <span style="margin-left: 100px;">No</span><br>Explain:<br><br><br>Date of last Tetanus: |
| Street Address (Home)                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| City <span style="margin-left: 150px;">State</span> <span style="margin-left: 50px;">Zip</span> <span style="margin-left: 50px;">Home Phone #</span> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Parent or Guardian Name                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Street Address (work)                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| City <span style="margin-left: 150px;">State</span> <span style="margin-left: 50px;">Zip</span> <span style="margin-left: 50px;">Work Phone #</span> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Name of Emergency Contact Other Than Parent                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Street Address <span style="margin-left: 150px;">State</span> <span style="margin-left: 50px;">Zip</span>                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Home Phone <span style="margin-left: 100px;">Work Phone</span> <span style="margin-left: 100px;">Relationship</span>                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Name of Your Insurance Company <span style="margin-left: 150px;">Policy Number</span>                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Address of Insurance Company <span style="margin-left: 150px;">Phone #</span>                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Family Physician <span style="margin-left: 150px;">Phone #</span>                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Student Age <span style="margin-left: 100px;">Height</span> <span style="margin-left: 100px;">Weight</span>                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

**Signature Required on Back**

## Student Medical Form Continued

Is the student required to take regular medication? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please provide instructions (dose) for administration of medication (all medications are administered by the chaperones or staff medical volunteers):

Check those nonprescription medications that we may have permission to give your child under the supervision of your child's classroom teacher:

| Yes   | No    |                                  | Yes   | No    |           |
|-------|-------|----------------------------------|-------|-------|-----------|
| _____ | _____ | Kaopectate (diarrhea)            | _____ | _____ | Sudafed   |
| _____ | _____ | Pepto Bismol (upset stomach)     | _____ | _____ | Ibuprofen |
| _____ | _____ | Milk of Magnesia (constipation)  | _____ | _____ | Nyquil    |
| _____ | _____ | Chloraseptic Spray (sore throat) | _____ | _____ | Cepacol   |
| _____ | _____ | Caladryl (skin rashes)           | _____ | _____ | Benadryl  |
| _____ | _____ | Acetaminophen (headache/temps)   | _____ | _____ | Dramamine |

### Medical Consent

The student's medical conditions stated on this form are complete and correct. I hereby give permission to Deer Valley personnel, Deer Valley chaperones or their designees to administer First Aid and to arrange for medical care and treatment in case of a medical emergency. I also give permission to the physician selected by DVHS Band Staff to examine, diagnose, and treat or secure proper treatment for the student as the physician shall determine is proper and necessary under the circumstances. A photocopy of this authorization shall be as valid and may be accepted as the original.

### Parental Authorization

I have been informed of the nature of the DVHS Marching Band program in which the student is enrolled. I understand that there are risks associated with the student's participation in the program activities generally described by DVHS Band Staff and I am aware that transportation to and from sanctioned events can pose a threat of injury, illness, or loss of life. The undersigned is familiar with marching band activities and the student's abilities, and is not aware of any physical, emotional or mental problem or limitation that would prevent, impair or increase the risks involved in the student's participation in activities in conjunction with the Deer Valley High School Marching Band/Colorguard

With this knowledge, I grant permission for the student to participate in all camp activities on behalf of the undersigned and the student I accept and assume the risk and full responsibility for injury, illness, loss of life or loss of personal property or other damage, and medical or other expense resulting from the student's presence at a DVHS Band function.

I hereby release and discharge DVHS Staff and their agents from liability to us and to the student for any and all losses, damages, and expenses and any injury to person or property, including loss of life, resulting from the student's travel to or from officially sanctioned events and participation in the program.

I agree to direct the student to comply with all DVUSD, DVHS and DVHS Marching Band/Colorguard policies and to cooperate with DVHS Staff and Adult Chaperones. I understand and agree that if the student fails to comply with the rules and policies, he or she may be removed from the DVHS Marching Band/Colorguard. Also, I give permission to DVHS Marching Band Staff to use photographs or video taken of my child in school related materials such as the yearbook or the band or band booster website.

Date: \_\_\_\_\_ Signature \_\_\_\_\_  
Parent or Legal Guardian