Upper Dublin High School Marching Cardinals

Medical Form

2026

Please fill out and return to the band director by the student's first rehearsal.

Student Name: _____ ***Grade:*** _____ ***Age:*** _____

Home Address: _____

City: _____ ***State:*** _____ ***Zip:*** _____

Home Phone: _____ ***In Emergency Cell Phone:*** _____

Father/Guardian Full Name: _____ ***Work Phone:*** _____

Mother/Guardian Full Name: _____ ***Work Phone:*** _____

Student E-mail: _____ ***Parent E-Mail:*** _____

HEALTH INFORMATION:

Describe any condition relevant to participation in Marching Band (asthma, diabetes, heart condition, epilepsy, allergies to bee stings, etc.)

List any current medications the student is currently taking.
Include the name, dosage, & frequency.

Does the student have allergies (food, medications, environment, etc.)? YES | NO
If so, please list.

Please list any over-the-counter medications that can be administered to your child by a supervising adult. (Check all that apply).

Tylenol ___ ***Advil ____*** ***Rolaids/Tums ____*** ***Dramamine ____***

Spray ____ ***Benadryl ____*** ***Cough Drops ____*** ***Epinephrine ____***

INSURANCE INFORMATION:

Name of Health Insurance:

_____

Address:

_____

Phone: _____ Policy #: _____ Group #: _____

Primary Care Doctor: _____ Office Phone: _____

FIRST AID/EMERGENCY INFORMATION:

If the school authorities cannot get in touch with the parent/guardian, please list two contacts who will have the authority to advise medical treatment regarding care of your child.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

In the event of a serious emergency that requires immediate action and the parent/guardian is unable to be reached, I hereby authorize the band staff, school authorities, or chaperones to act with good medical practice in treating my child.

If a student needs to be transported to the hospital, they will be escorted by either the Band Director or other school district employee.

I hereby give my permission for my child to participate in the Upper Dublin Marching Cardinals.

****FIELD TRIP PERMISSION****

Given that the Upper Dublin Marching Cardinals are a performing ensemble, I give my permission for my student to attend performances off of school grounds. This medical form will serve in place of the Sandy Run and UDHS Field Trip Permission Form.

Signature of Parent/Guardian:

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