

# Young Achievers Christian Academy Marching Warrior Band Emergency Information & Medical Release Form

## Student Information:

- Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Grade: \_\_\_\_\_
- Instrument: \_\_\_\_\_

---

## Parent/Guardian Information:

- Parent/Guardian 1 Name: \_\_\_\_\_
- Relationship to Student: \_\_\_\_\_
- Phone Number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_
- Email: \_\_\_\_\_
  
- Parent/Guardian 2 Name: \_\_\_\_\_
- Relationship to Student: \_\_\_\_\_
- Phone Number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_
- Email: \_\_\_\_\_

---

## *Emergency Contact Information: (If parent/guardian cannot be reached)*

- Emergency Contact Name: \_\_\_\_\_
- Relationship to Student: \_\_\_\_\_
- Phone Number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

---

## Medical Information:

- Allergies (Please list any food, medication, or environmental allergies):

\_\_\_\_\_

**- Medical Conditions (Please list any relevant medical conditions, including asthma, diabetes, etc.):**

\_\_\_\_\_

**- Current Medications (Please list any medications taken regularly and/or any to be administered during band activities):**

\_\_\_\_\_

**- Dietary Restrictions:** \_\_\_\_\_

---

### **Physician Information:**

**- Primary Physician's Name:** \_\_\_\_\_

**- Phone Number:** \_\_\_\_\_

---

### **Insurance Information:**

**- Insurance Provider:** \_\_\_\_\_

**- Policy Number:** \_\_\_\_\_

**- Group Number:** \_\_\_\_\_

---

### **Permission & Consent:**

I, the undersigned, authorize the Young Achievers Christian Academy Marching Warrior Band staff to seek medical treatment for my child in case of an emergency. I understand that every effort will be made to contact me or the emergency contact listed above.

**- Signature of Parent/Guardian:** \_\_\_\_\_

**- Date:** \_\_\_\_\_

---

### **Special Instructions**

**(Please provide any additional information that would help ensure the safety and well-being of your child during band activities.)**

\_\_\_\_\_

