



**Bangor Slater Bands**

Bangor Area High School  
187 Five Points Richmond Rd.  
Bangor, PA 18013  
bangorareabands.weebly.com

**Bangor Area HS Marching Band**  
**Medical Information/Consent Form 2022- 2023**

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (22-23): 9      10      11      12

Home Address: \_\_\_\_\_ Town & Zip: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Home#:(\_\_\_\_\_) \_\_\_\_\_ Work#:(\_\_\_\_\_) \_\_\_\_\_ Cell#:(\_\_\_\_\_) \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Home#:(\_\_\_\_\_) \_\_\_\_\_ Work#:(\_\_\_\_\_) \_\_\_\_\_ Cell#:(\_\_\_\_\_) \_\_\_\_\_

**Other Emergency Contact**

Name: \_\_\_\_\_ Phone#:(\_\_\_\_\_) \_\_\_\_\_ Relation: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Insured Name \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Member Number: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Lenses?      YES     NO

Does student have any known medical concerns: YES     NO

If Yes, please list \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does student carry an Inhaler? YES     NO

If Yes, Name & Frequency \_\_\_\_\_

Does student have any known allergies? YES     NO

If Yes, please list \_\_\_\_\_  
\_\_\_\_\_

Does student carry an Epipen? YES     NO

Does student take any medications on a regular basis? YES     NO

If Yes, please list \_\_\_\_\_  
\_\_\_\_\_

(continued on reverse)



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Is student allergic to any medications? YES  NO

If Yes, please list \_\_\_\_\_  
\_\_\_\_\_

I give permission for the above named student to be taken to the nearest clinic or emergency room for the treatment by a licensed physician in case of emergency. YES  NO

I certify that the above medical and emergency information is accurate about my child, to the best of my knowledge.

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

**Transportation Permission:**

I give permission for my child to ride on school district provided transportation to and from performances. I agree to absolve the contracted transportation provider and the Bangor Area School district from all responsibility, not including negligence for any injuries that may be sustained while enroute to and from such athletic activities on district provided transportation.

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

**Reporting of Injuries**

All injuries must be reported to both the Band Director and Athletic Trainer. Any medical expense incurred without the knowledge of the Band Director and Athletic trainer shall be the sole responsibility of the parent/ guardian of the student athlete.

**Photography/ Media Consent**

I the parent/guardian of \_\_\_\_\_ hereby give consent to the district and the music department to use my child's photo, video footage or artwork in district publications, which include newspapers, television, brochures, handbooks, programs, yearbooks & the district web page. Additionally, photographs and/or footage may be used for local press release information.

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

**PLEASE ALSO COMPLETE THE LVHN/COORDINATED HEALTH ATHLETIC TRAINING CONSENT TO TREAT FORM**

**DUE May 31<sup>st</sup> 2022**