Hillgrove Bands Medical and Emergency Information

Student Name: _____ DOB: _____ Home #: _____

Father's Name: _____ Work #: _____ Cell #: _____

Mother's Name:_____ Work #: _____ Cell #: _____

Emergency Contact: _____ Work: _____ Cell #: _____

___ ColorGuard ___ Marching Band ___ Concert Band

Instrument: _____

My student may be administered the following over the counter medications:

Hydrocortisone Cream	YES	NO
Topical Bee Sting Relief	YES	NO
Antibiotic Cream	YES	NO
Tums/Antacids	YES	NO
Pepto-Bismal	YES	NO
Acetaminophen	YES	NO
Ibuprofen	YES	NO
Solarcaine	YES	NO
Benadryl	YES	NO
Tylenol	YES	NO
Advil	YES	NO

Please list below any medications that your student takes on a daily basis:

_____

_____

_____

Over the Counter Medications Administered

(To be completed by Chaperones after season begins)

Date	Medication	Amount	Initials