STONEMAN DOUGLAS WINTER GUARD

EMERGENCY MEDICAL FORM

2026 – 2027 SEASON

Student Name: _____ **Student #:** _____

(Print Last / First)

Performing Unit: ☐ A Guard ☐ World Guard **Date of Birth:** _____

CONTACT INFORMATION

Parent 1 (Guardian 1) Name: _____ Home Number: _____ Cell/Work Number: _____

Parent 2 (Guardian 2) Name: _____ Home Number: _____ Cell/Work Number: _____

Emergency Contact *(If Parent is not available):* _____ Home Number: _____ Cell/Work Number: _____

Home Address: _____ City: _____ State: _____ Zip: _____

MEDICAL INFORMATION

Physician's Name: _____ Phome Number: _____ Address: _____

Please list any known Allergies, Medical Condition, and Medication *(including Dosage):*

HEALTH / ACCIDENT INSURANCE

☐ **My child IS COVERED by twenty-four (24) hour insurance:**

Insurance Company: _____ Policy Number: _____

☐ **My child does NOT HAVE insurance, however, I will pay any and all medical bills for the emergency care of my child.**

PERMISSION FOR MEDICAL TREATMENT

I, the undersigned, being the parent/legal guardian of the aforementioned student, hereby authorize any necessary medical treatment, to include the administration of any medications, prescribed by a doctor in attendance of this student while on approved field trips. I also guarantee payment of any charges incurred during this medical treatment.

_____ _____

Parent/Guardian Signature **Date**