

North American Academy of Piping & Drumming

MEDICAL INFORMATION AND RELEASE



In order to provide better assistance for any NAAPD school participant that may become ill or have an emergency, the following information is needed. ALL PARTICIPANTS, INCLUDING ADULTS, MUST BRING THIS COMPLETED FORM TO THE SCHOOL AND GIVE IT TO SANDY JONES OR HIS REPRESENTATIVE.

NAME: _____ AGE: _____ SESSION/WEEK: _____

HOME ADDRESS & PHONE NUMBER: _____

IN AN EMERGENCY, NOTIFY: _____

PHONE NUMBER(S): _____ HOURS AT THAT NUMBER: _____

Do you have any medical conditions for which you are under a doctor's care? NO _____ YES _____ If yes, please describe: _____

Are you on any sort of special diet or do you have any food allergies? NO _____ YES _____ If yes, please describe _____

Are you allergic to bee stings or insect bites? NO _____ YES _____ If yes, please describe the type of reaction you experience and the date you were last stung or bitten _____

What medications do you normally take if bitten or stung? _____

Will you be taking any medications while at the school? NO _____ YES _____ If yes, please list on the back of this form the names of the medicines and the schedule you will follow in taking them.

Tetanus immunization is not required to attendance at the school, but it would be helpful to know the date of your last immunization _____

NAME, ADDRESS & PHONE NUMBER OF PERSONAL PHYSICIAN _____

INSURANCE POLICY INFORMATION _____

In case of medical emergency, local medical facilities and/or hospitals will be utilized. I, _____, authorize SANDY JONES or his representative for the NAAPD to authorize medical treatment for: _____ (signed) _____ (relationship) _____ (date) _____ ALL students, parents and guardians MUST SIGN this portion.

ALL INFORMATION WILL BE KEPT CONFIDENTIAL.
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