

Northern Virginia Youth Winds

||:The City of Fairfax Band Association Youth Ensemble :||

NVYW & NVJW CONFIDENTIAL MEDICAL FORM

THIS FORM MUST BE RETURNED before/by the first rehearsal of the year.

All information will be kept **confidential** and is not for distribution except to rescue or medical personnel.

All please complete the following information.

(PLEASE PRINT NEATLY)

STUDENT'S NAME: _____

AGE: _____

PARENT/GUARDIAN'S NAME: _____

PHONE: Home _____

Work: _____

Cell: _____

Please complete the following information to protect your student's health and safety in case of an emergency during rehearsals and other activities of the Northern Virginia Youth / NVJW Winds.

Completion of this form is voluntary but is highly recommended. If you elect not to complete this form, please sign the waiver located on the back of the form.

Please list on back any known medical problems such as asthma and including allergies to medication and certain foods.

Medical Contacts:

PHYSICIAN'S NAME: _____

ADDRESS _____

TEL #: _____

Medications: Staff members are not allowed to administer any medications and medications may not be self-administered by the student per FCPS policy. . Make sure you list the name of all medications your child is taking and reason for use.

1. Rx: _____ Reason: _____

2. Rx: _____ Reason: _____

3. Rx: _____ Reason: _____

Please list any additional information which may help us to care for your child: (additional information may be listed on the reverse of this sheet)

Parent/Guardian's

Signature: _____ Date _____

Northern Virginia Youth Winds

||:The City of Fairfax Band Association Youth Ensemble :||

WAIVER OF MEDICAL FORM

(PLEASE PRINT NEATLY)

STUDENT'S NAME: _____

PARENT/GUARDIAN'S NAME: _____

Signature: _____ Date _____

Additional Information *(if required):*