



# MEMBER MEDICAL INFORMATION AND CONSENT FORM

7th Regiment Drum & Bugle Corps  
P.O. Box 64, New London, CT 06320

A completed and signed copy of this form must be submitted upon arrival at first camp.  
Forms can be emailed to [info@7thregiment.org](mailto:info@7thregiment.org) or submitted at registration.

## MEMBER INFORMATION

Member First Name:

Pref. First Name:

Member Last Name:

Pronouns:

Member Email:

Sex:

Member Phone #:

Date of Birth:

Member Address:

City:

Zip/Postal Code:

State/Province:

Country:

## PARENT/GUARDIAN INFORMATION

Required for Members under 18 years of age.

Full Name:

Full Name:

Email:

Email:

Phone #:

Phone #:

Rel. to Member:

Rel. to Member:

## EMERGENCY CONTACT INFORMATION

Required for ALL Members.

## MEDICAL INSURANCE INFORMATION

Required for ALL Members. Please submit a copy of your health insurance card (front and back) along with this form.

Insurance Company Name:

Policy Holder's Name:

Group #:

Policy Holder's DOB:

Member ID #:

## HEALTH INFORMATION AGREEMENT

Required for ALL Members.

You acknowledge and accept that, in the event of the discovery or reveal of the omission or otherwise absence of notification of a preexisting medical condition(s) that may adversely affect your experience with the Corps, we will consider as such a breach of contract and your participation may be terminated at the discretion of the Corps Director and Health and Wellness Director.

*(Initials of Member)*

*(Initials of Parent/Guardian if under 18)*

**Note:** the existence of a medical condition may not preclude you from this activity, but we need to evaluate all medical conditions to ensure your safety and wellness as well as that of other Corps members.

## IMMUNIZATIONS & DATES GIVEN

List all in series or proof of titer; you may provide a copy of the immunization record from your provider in lieu of writing in the dates

Varicella (Chicken Pox)  
MMR  
Meningitis (Menactra)  
Tetanus (TdaP)  
Hepatitis B

## FOOD ALLERGIES, RESTRICTIONS, INTOLERANCES, AVERSIONS

List any and all issues with food and diet.

## MEDICATION ALLERGIES & RESTRICTIONS

List all allergies to medications as well as any OTC/non-prescription medication to not administer.

**Allergies:**

**DO NOT ADMINISTER THE FOLLOWING OTC/NON-PRESCRIPTION MEDICATION:**

## PRESCRIPTION MEDICATION

List all prescription medication with the condition medication is taken for, dosage, time, and frequency (all prescriptions must be in their original labeled container):

### Member Agreement

I will take all medication listed above as prescribed by my doctor. I understand that should I be found in possession of any prescription drug not specified herein; action will be taken.

*(Initials of Member)*

### Parent/Guardian Agreement (if member under 18)

My child/ward has my permission to take all medication listed above as prescribed by their doctor. We understand that should our child/ward be found in possession of any prescription drug not specified herein; action will be taken.

*(Initials of Parent/Guardian if under 18)*

Please attach physician's note/medication authorization, signed and dated within the past 6 months. Med Staff will in special circumstances such as temperature-controlled requirements, hold safe their medications if needed. However, the majority of circumstances will require the member to carry and take their own medication on the schedule prescribed by their doctor. (For instance, thyroid medication before breakfast, albuterol inhaler every four hours as needed.)

## MEMBER HEALTH QUESTIONNAIRE

Please review the following carefully. If "YES", please supply details.

Please indicate whether you are currently have or have a history of any of the following:

CURR HIST

Heart Condition

Chronic Illness

Skin Conditions

Respiratory Condition

Seizures

Tendonitis/Shin Splints

Anxiety

Depression

ADHD

Have you ever had surgery?

Any recent history of mononucleosis?

Have you ever been restricted from a physical activity? If so, why?

Has exercise ever caused you to pass out? Are you able to tolerate the Drum Corps environment including but not limited to long practices which will require extended time in the heat and sun (with reasonable water and shade breaks allotted)?

Are you able to carry items that weigh more than 25 pounds for more than 10 minutes?

Any other medical issues to disclose:

**If you have a special need for treatment with specific over-the-counter medication (such as inhalers and epiPens), joint braces, or muscle therapy, IT IS YOUR RESPONSIBILITY TO SUPPLY THESE TREATMENTS.**

## MEDICAL CONSENT

(member name) understands that as a member of the 7th Regiment Drum and Bugle Corps, they will engage in practice, tours and performance. The undersigned desires that said member receive the proper medical treatment in the event of illness or accident, consents to the administration of all medical treatments as may be deemed necessary and accepts financial responsibility for said treatments. In accepting this consent, 7th Regiment agrees to notify a parent, guardian or other identified emergency contact in the event of any serious accident or illness.

- ✓ In case of emergency, I authorize the attending 7th Regiment staff/volunteer members to sign release forms for the admitting and treatment of above-named patient. If emergency surgery is required and an emergency contact cannot be reached, I authorize the attending 7th Regiment staff/volunteer member to sign proper release forms for surgery and related treatment of above-named patient.
- ✓ I understand that all information provided in this document will be kept in strict confidence and will be available only to 7th Regiment staff/volunteers and other authorized personnel who provide first aid and/or medical care as required to render appropriate treatment.
- ✓ I recognize that there are certain inherent risks associated with participating in a drum corps and I assume full responsibility for personal injury to myself/my child, and further release and discharge 7th Regiment Drum and Bugle Corps, their employees, volunteer staff and members for injury, loss or damage arising out of my/my child's participation in this rigorous activity, receiving first aid and/or medical care, whether caused by the fault of myself/my child, 7th Regiment Drum and Bugle Corps, members, staff and/or volunteers.

**I hereby state that the information provided is complete and accurate to the best of my knowledge and I will notify the drum corps staff of any changes in my medical condition or change in contact information.**

Member Name:

Member Signature:

Date:

*Parent/guardian signature required if member is under 18 years of age*

Parent/Guardian Name:

Parent/Guardian Signature:

Date: