

INDIANA UNIVERSITY MARCHING HUNDRED
MEDICAL FORM

**IMPORTANT: This form is due at the first Hundred meeting of the fall.
PLEASE PRINT or TYPE.
You will not be allowed to march until this form is completed.**

Name

Date of Birth

Campus Address

Campus Phone

Family Physician

Phone (Area Code)

Person to Contact in Case of Emergency

Phone (Area Code)

Insurance Company & Policy Holder

Policy Number

IMPORTANT: Please fill out as completely as possible.

Medications: _____

Dosage: _____

Allergies/allergic reactions to medications: _____

Acute or chronic medical conditions (asthma, diabetes, seizures, etc.): _____

Major surgery in past year: _____

Are you presently under treatment for any medical problem? If yes, please identify: _____

Physical conditions that may limit marching band activities: _____

Can take (circle): Aspirin Tylenol Motion sickness medication

Date of last Tetanus shot: _____

Special dietary needs: _____

(This information is confidential and will only be used in case of an emergency)

****BRING THIS FORM WITH YOU TO THE FIRST NIGHT OF BAND CAMP****