

The University of Akron
2021-2021 Emergency Medical Form

We take health and safety seriously. The medical information provided on this form is important for your safety and welfare. We will keep the information on file during the tour, and it will be invaluable to us in case of emergency. This form **must** be completed and on file to guarantee your fullest participation during the year.

Student Information

Name: _____ Student ID#: _____

Address: _____

Phone#: _____

Parent(s)/Guardian(s) Information

Name(s): _____

Daytime Phone#: _____ Alt. Phone#: _____

Alternate contact if Parent(s)/Guardian(s) cannot be reached

Name: _____ Relationship: _____

Daytime Phone#: _____ Alt. Phone#: _____

Medical Insurance Information

Insurance Company: _____ Policy#: _____

Policy Holder's Name: _____

Medical Information

Do you take medication on a regular basis? YES NO

If yes, please list: _____

Do you have any dietary restrictions due to allergies or food sensitivities? YES NO

If yes, please list: _____

The University of Akron's Band Staff has my permission to seek and authorize the administration of any emergency medical services that they deem reasonably necessary. I understand that I will be responsible for any costs associated with such services.

Student/Parent/Guardian Signature
(Parent/Guardian signature required for minor)

Date

Student/Parent/Guardian Printed Name