



Naples High Band Emergency Medical Authorization/ Information SY26-27

2026-2027 Grade Level \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Please list 2 emergency contacts (relatives or neighbors):

1. \_\_\_\_\_ 2. \_\_\_\_\_  
Name/ Phone Name/ Phone

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Phone \_\_\_\_\_

Medication taken regularly/Dose \_\_\_\_\_ Health Insurance Provider \_\_\_\_\_

Allergies \_\_\_\_\_ Is an EPI-PEN needed? Yes \_\_\_ No\_\_\_

Does Child have Asthma? Yes\_\_\_ No\_\_\_ Inhaler Type & Use \_\_\_\_\_

Does Child have Diabetes? Yes\_\_\_ No\_\_\_ Special instructions \_\_\_\_\_

Previous Concussions \_\_\_\_\_

Previous injuries, illnesses or other medical issues: (Please be specific) \_\_\_\_\_

Previous Orthopedic Surgeries: \_\_\_\_\_

Collier County Public Schools, and the Naples High Band Boosters, Inc are not responsible for any medical bills or ambulance services due to an injury during sponsored activities, and/or events. If you don't have medical insurance, your child will not be allowed to participate until coverage is provided by the parents. School insurance / Athletic insurance is available for purchase. Forms are available at the athletic/activities office. In the event of a serious accident or illness, I request that a representative of the school system contact me. If I cannot be reached, I request that contact be made with the emergency contacts or Primary Care provider named and their instructions be followed in the treatment of my child. If the emergency is such that immediate medical care is necessary, I authorize the school system to transport my child to a hospital for emergency care. The hospital, their agents, or a licensed physician, may administer such emergency medical treatment, as they deem necessary under the circumstances.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_