



2004 Summer Symposium presented by **YAMAHA®**

June 21-26, 2004 -- Illinois State University

Team SWAG Medical Information Form

Name: _____ DOB: _____
Parent/Guardian: _____ Relationship: _____
Home Address: _____
Home Phone: _____ Work Phone: _____

Closest Available Relative: _____
Relationship: _____
Address: _____
Home Phone: _____ Work Phone: _____
Physician: _____ Work Phone: _____

Current Medical Status

Allergies (medications, foods, bee stings, etc...) _____
Physical or other restrictions to limit activity _____
Medications (insulin, penicillin, etc...) _____
Diseases (asthma, diabetes, etc...) _____
Immunizations up to date, including tetanus? r Yes r No
Dietary restrictions (vegetarian, vegan, etc...) _____

Insurance Information

Insurance company name: _____
Address: _____
Policy holder's name: _____ Policy Number: _____
Policy Holder's Social Security Number: _____

If your insurance is through your employer:

Company Name: _____
Address: _____
Phone Number: _____

Please list any additional information on reverse.

Please return completed form by June 1st:

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