

**DUBLIN SCIOTO MARCHING BAND
BAND CAMP 2014
MEDICAL FORMS CHECKLIST**

**THE FOLLOWING FORMS ARE DUE THE FIRST
DAY OF TRAINING CAMP – AUGUST 4, 2014**

1. _____ Emergency Medical Authorization Form
(DCS Form 5341 F1) Parent Signature. Physician signature
required for those bringing prescription medications to camp.
2. _____ Attach a copy (front and back) of your insurance card to the above
form.
3. _____ Ohio High School Athletic Association Pre-participation Physical
Examination Form. Parent and Physician signatures required. If
the student plans in participating in another sport, please complete
the entire set. **For Marching Band only complete pages 1
through 4.**
4. _____ Request for Student to Carry and Administer Own Prescription
Medication by Inhaler (DCS Form 5330 F3) Parent and Physician
signatures required. ***Return this form only if it applies to your
child.***
5. _____ Request for Student Possession and Use of an Epinephrine
Autoinjector (DCS Form 5330A P2 F4) Parent and Physician
signatures required. ***Return this form only if it applies to your
child.***

Please make arrangements to see your primary care physician or pediatrician for a complete physical.