2026 CINCINNATI TRADITION DRUM AND BUGLE CORPS
EMERGENCY MEDICAL AUTHORIZATION PERMIT FORM

If I am unavailable or otherwise unable to provide authorization directly, I hereby grant to the Cincinnati Tradition Drum and Bugle Corps (Tradition) Director or his/her designee the authority to act for me and to provide any required intervention, if necessary, on behalf of me (the participant) or on my behalf of my child (the participant) listed below. Also, I approve all other necessary actions as I might or could do to provide for the participant's health and safety, if I were present. This form also grants permission for Tradition authorized personnel to dispense simple over-the-counter medical remedies (i.e. Tylenol, ibuprofen, Benadryl, etc.) and any prescription medications provided by guardians. This authorization is valid for the current competitive year or until such time as I withdraw the authorization. This form also serves as my participant's Travel Permission Form for the 2026 competitive year.

Student Name (last) _____ (first)_____

Birth Gender M____ F____ Other_____Date of Birth: _____

Mailing Address_____City_____

State_____ Zip_____

Emergency Contact #1:_____ Relation _____

Work_____ Cell_____Home_____

Emergency Contact #2:_____ Relation _____

Work_____ Cell_____Home_____

Doctor Preferred: (name, address, phone)

_____

_____

Dentist Preferred: (name, address, phone)

_____

_____

Local Hospital Preferred _____

Insurance Company _____Insurance Policy#_____

Group#_____ID Number#_____

Known Allergies:_____

_____

As of Nov 23, 2025 **Please fill out both pages and bring printed copy**

Current Medications (include dosage), Treatments, Previous Operations, and/or Hospital Confinements:

List Medical Conditions (surgeries, history of fainting, seizures, etc.):

Asthmatic Inhalers and EpiPens are to be carried by the student at ALL TIMES!

Authorizing Person Name (PLEASE PRINT)

Authorized Signature

(Parent/Guardian)_____Date_____

Authorizing Person Signature_____Date_____

As of Nov 23, 2025 **Please fill out both pages and bring printed copy**