

**Spring Lake High School
Band Camp Medical Form 2015**

Student and parent/guardian information provided in this document is confidential and will only be accessed by the Head Chaperones and Band Directors as required for the safety and well being of the students at band camp.

Student's Name _____ **Date of birth** _____ **Male** **Female**
(MM/DD/Year)

Address _____ **Home Phone No.** _____

Mother / Legal Guardian (check one)

Name _____ **Mobile Phone No.** _____ **Work Phone No.** _____

Father / Legal Guardian (check one)

Name _____ **Mobile Phone No.** _____ **Work Phone No.** _____

Emergency Contacts (other than parent or guardian)

Name _____ **Relationship** _____

Mobile Phone No. _____ **Work Phone No.** _____

Name _____ **Relationship** _____

Mobile Phone No. _____ **Work Phone No.** _____

Administration of Medication

To ensure proper administration of all medicines at band camp, the following procedures must be followed:

- All medications, prescription and non-prescription, must be turned in before student boards bus for band camp. Do not pack in suitcase. There will be a medication check-in table set up in the band room.
- All medications must be in their **original** containers and placed in a zip-lock bag with the student's name clearly written on the bag.

Permission and Waiver

I hereby give permission for _____ to receive medical treatment by a qualified
(student's name)

physician in his/her office or in a hospital emergency room in the event of an accident or serious illness during the week at band camp. I authorize any of the medications checked below (on page 2) to be administered to my child as necessary during band camp. I hereby certify that my child is not allergic to and has never had an adverse reaction to any of the medications that I have approved.

Signature Parent / Legal Guardian

Printed Name Parent / Legal Guardian

Date

Student's Name _____

Medications: List all prescription or non-prescriptions medications that your child will take regularly while at band camp. Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only. All medications that your child brings to band camp must be listed on this form and turned in before he/she boards the bus to band camp.

_____ **No medications** (check if applicable)

Medication _____ Strength _____ Dose _____ Times Normally Taken _____ Reason for medication _____ _____	Medication _____ Strength _____ Dose _____ Times Normally Taken _____ Reason for medication _____ _____	Medication _____ Strength _____ Dose _____ Times Normally Taken _____ Reason for medication _____ _____
Medication _____ Strength _____ Dose _____ Times Normally Taken _____ Reason for medication _____ _____	Medication _____ Strength _____ Dose _____ Times Normally Taken _____ Reason for medication _____ _____	Medication _____ Strength _____ Dose _____ Times Normally Taken _____ Reason for medication _____ _____

Physician's Name _____ Telephone No. _____

Please indicate any of the listed OVER-THE-COUNTER MEDICATIONS than may be administer to your child. (check all that apply).

___ Tylenol ___ Anti-diarrheal ___ Benadryl Oral ___ Hydrocortisone Cream
___ Ibuprofen ___ Tums ___ Muscle Rub ___ Caladryl Lotion

The administration of any of these over-the-counter medications will be handled by the head chaperones, band directors, or other chaperones, and only as needed to relieve pain or suffering, when other non-medication remedies are not giving the student adequate relief.

*Please note that if your child should take any of the above listed medications on a regular basis, then you should provide the medication and it should be listed on the chart above.

Additional Health Concerns:

1. Does your child suffer from any chronic illness? (e.g., asthma, diabetes, etc.) **If yes**, please explain. **If no**, write n/a.

2. Does your child have any allergies or exhibit allergic reactions to any food, medicine, or other substances and/or conditions? **If yes**, please explain. **If no**, write n/a.

3. Please list any dietary or physical restrictions your student may have. **If none**, write n/a.

4. Will your child require athletic taping of ankles, wrists, feet, etc.? **If yes**, please bring your own tape.
