

Spring Lake High School Band Medical Form

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.

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, the following procedures must be followed:

- All medications, prescription and non-prescription, must be turned in before student boards bus. 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 physician in his/her office
(student's name)

or in a hospital emergency room in the event of an accident or serious illness during the trip or while at camp. I authorize any of the medications checked below (on page 2) to be administered to my child as necessary during the trip or while at 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 _____ Student's Phone _____

Medications: List all prescription or non-prescriptions medications that your child will take regularly during the trip or while at camp. Please indicate what type of emergency/rescue med your child may have with them. All medications that your child brings with him/her must be listed on this form and turned in before he/she boards the bus.

_____ **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 _____ _____
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Physician's Name _____ Telephone No. _____

Please indicate any of the listed OVER-THE-COUNTER MEDICATIONS than may be administered 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.

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. Students will be responsible to keep their rescue/emergency meds with them (Inhalers, epi-pens, etc.). **If so**, please indicate this here.
