

## 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. \_\_\_\_\_

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### 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 \_\_\_\_\_

**Medications:** List all prescription or non-prescriptions medications that your child will take regularly during the trip or while at camp. Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only. 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.**

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

\_\_\_\_\_