

GHS BAND MEDICAL INFORMATION

STUDENT NAME: _____ DATE: _____

ADDRESS: _____

STUDENT PHONE: _____

PARENT/GUARDIAN NAME(S) _____ PHONE: _____

_____ PHONE: _____

In case of illness or emergency, if parent or guardian is unable to be reached, the following people can be called to assist in locating them.

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

NAME OF INSURANCE CARRIER _____

POLICY/GROUP _____

****PLEASE MAKE COPY OF CARD IF POSSIBLE****

PRIMARY PHYSICIAN NAME: _____ PHONE: _____

STUDENT HEALTH INFORMATION

DATE OF BIRTH _____ HEIGHT _____ WEIGHT _____

MEDICATION ALLERGIES _____

FOOD ALLERGIES _____

Tetanus shot within the last 5 years? _____

*****Please list any medical problems your child has or has had in the past we should be aware of (for example: asthma, diabetes, seizures, low blood pressure or blood sugar, fainting or heart problems) Please also list any orthopedic problems we may need to know about, such as hip, knee or back problems.**

MEDICATION LIST

NAME OF MEDICATION	DOSAGE	HOW OFTEN TAKEN

GHS BAND keeps over the counter medication available for students such as Tylenol, Ibuprofen, Pepto-Bismol, sunscreen/sunburn medication, insect bite wipes, motion sickness medicine, Imodium, Benadryl, saline eye drops, to name a few. We also keep standard first aid supplies including peroxide and triple antibiotic ointment. PLEASE INDICATE YOUR PREFERENCE BELOW IN ADMINISTERING MEDICATION TO YOUR CHILD.

_____ **OK TO GIVE**

_____ **DO NOT GIVE THE FOLLOWING MEDICATIONS:**

PARENTAL/LEGAL GUARDIAN SIGNATURE _____

DATE _____

PARENTAL CONSENT FOR TREATMENT:

I am familiar with my child's wishes to participate in the marching band at Graham High School. I am aware that taking part in this activity carries the risk of injury to my child, particularly due to travel and the physical aspects of rehearsal and performance. The Band Director, band staff/parents/chaperones have my permission in an emergency to seek medical assistance for my child at a medical clinic or hospital emergency room at my expense should the need arise. Further, the medical clinic or hospital personnel have my permission to provide emergency medical treatment deemed necessary by the medical provider for the well being of my child. I certify that I accept full responsibility for medical expenses arising due to the injury or illness of my child while participating as a member of the Graham High School Marching Band.

PARENT/LEGAL GUARDIAN SIGNATURE _____

DATE _____

THIS FORM IS TO BE PLACED INTO THE EMERGENCY MEDICAL INFORMATION BINDER