

CONFIDENTIAL

Waseca High School Band

Student Health Information and Medical Release Form

Please complete this health form as completely and accurately as possible. This form will only be used for band purposes by the band staff and chaperones, if necessary, and is considered confidential.

Student's Name: _____	Grade: _____	Gender: _____
Address: _____	City/State: _____	Zip: _____
Home Phone _____	Student Cell: _____	
Birthdate: _____	Approx. Height: _____	Approx. Weight: _____ T-shirt Size: _____

Parent/Guardian #1: _____	Parent/Guardian #2: _____
Same Address as Student? Y N	Same Address as Student? Y N
Address (if different): _____	Address (if different): _____
City/State: _____ Zip: _____	City/State: _____ Zip: _____
Home/Phone: _____ Work Phone: _____	Home/Phone: _____ Work Phone: _____
Cell Ph, Email, Other Infor _____	Cell Ph, Email, Other Infor _____

Name of Guardian/Student's Insurance Company: _____
Policy Number: _____
Address of Insurance Company: _____ Phone Number: _____
Name of Family Physician: _____ Phone Number: _____

Name of Emergency Contact (Other Than Parent): _____
Relationship to Student: _____
Address: _____ City: _____ State/Zip: _____
Home Phone: _____ Work Phone: _____
Cell Phone, Email or Other Contact Information: _____

Medical Administration Policy:

All sharing of student medications, either prescribed or "over-the-counter" is strictly prohibited during band activities. Prescribed medications must be handled in the following manner to comply with the medication administration policies:

1. Prescription and non-prescription medications should:

Be taken before or after band activities.

OR

Be given to band staff or chaperones to dispense during the band activity, if necessary.

2. Band staff or chaperones will only dispense medications that are clearly marked with the below information.
3. Prescription medication must be marked with the student's name, the physician's name, the medication's name and the medication dosage and time to be given. Band personnel will not dispense medication that is not clearly marked. Non-prescription medication must be supplied in the original container and band staff will not give more than the recommended dosage listed on the container, unless accompanied by a physician's order.

Please answer the following questions:

1. Is the student taking any medication on a regular basis? If yes, please list medication taken (please make sure you have read the Medication Administration Policy on page 1) _____
2. If the student has asthma, what triggers their asthma attacks? _____
 - a. What medications are used to treat the student's asthma? _____
3. If the student has an allergy, please list it here: _____
 - a. What is their typical reaction to this allergy? _____
 - b. How should this allergy be treated when the student is with the band? _____

4. Is there any reason why the student should not be participating in strenuous activities? Yes No
If yes, explain: _____
5. Any other important medical needs? Yes No Explain: _____
Do you authorize band staff or chaperones to dispense the following non-prescription medication if your child indicates a need?
[Sudafed, Dramamine, Tylenol, Advil, Pepto Bismol, Tums? Yes No [Only in recommended dosages]

Medical Consent:

The student's medical conditions stated on this application are complete and correct. I understand that band staff and chaperones are not licensed nurses or medication managers, so dispensation of my student's medications is with my permission. It is also understood that band staff will only dispense medications as instructed on the bottle label unless given a physician's notice otherwise. I hereby give permission to the Waseca High School band staff or chaperones to administer First Aid and to arrange for medical care and treatment in case of a medical emergency. I also give permission to the physician selected by the band staff to examine, diagnose and treat or secure proper treatment for the student as the physician shall determine is proper and necessary under the circumstances. A photocopy of this authorization shall be considered as valid and may be accepted as the original.

Parent/Guardian Authorization:

I grant permission for the student to participate in all band activities and, on behalf of the undersigned and the student, I accept and assume the risk and full responsibility for injury, illness, death, or loss of personal property or other damage, and medical or other expense resulting from the student's participation in band activities. I also assume full responsibility for any injury, illness, death or expense incurred due to medications dispensed by band staff or chaperones in the manner outlined above. I hereby release and discharge Waseca high School and their band staff from liability to us and the student for any and all losses, damages, and expenses, and any injury to person or property, including death, resulting from the student's travel to or from band activities and participation in the program. I agree to direct the student to comply with all band rules and policies and to cooperate with band personnel. I understand and agree that if the student fails to comply with the rules and policies, he or she may be expelled from the band program or activity and sent home at my, the parent or legal guardian's, expense.

In the case of a medical emergency, the director or authorized personnel will make every attempt to contact the student's parents or emergency contacts as soon as possible.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____