

DUTCHTOWN HIGH SCHOOL BAND MEDICAL FORM

School Year: 2011-2012

This is the form that will be brought to the emergency room with your child if the need arises. This information will also be used to assist in the care of your child during DTHS Band events, and is *confidential* to the chaperones caring for your child during these events. **PLEASE FILL IN ALL BLANKS AND PRINT CLEARLY.** Please attach a copy of your **CURRENT** Insurance Card to this form.

NAME: _____ INSTRUMENT: _____ GRADE: _____

DATE OF BIRTH: _____ INSURANCE CO. & GROUP #: _____

PARENT/GUARDIAN: _____ HOME #: _____

BUSINESS #: _____

MOTHER'S CELL #: _____

FATHER'S CELL #: _____

ADDRESS: _____

FAMILY PHYSICIAN: _____ PHONE #: _____

EMERGENCY CONTACT (used only if unable to reach parent/guardian)

NAME: _____ RELATIONSHIP: _____ PHONE #: _____

NAME: _____ RELATIONSHIP: _____ PHONE #: _____

PLEASE LIST ANY MEDICATION ALLERGIES AND/OR INTOLERANCES:

DOES YOUR CHILD HAVE (OR HAS HAD) ANY OF THE FOLLOWING MEDICAL CONDITIONS:

Asthma _____ Cancer _____ Diabetes _____ Frequent Headaches _____ Seizures _____ ADHD _____
Heart Disease _____ Depression _____ Frequent Stomach Aches _____ Other _____

Surgeries (recent or significant): _____

PLEASE LIST ANY OTHER ALLERGIES, DESCRIPTION OF REACTION, AND USUAL TREATMENT:

PLEASE LIST CURRENT MEDICATION TAKEN (prescribed and over the counter):

NAME OF MEDICATION	DOSAGE AND FREQUENCY	REASON

DATE OF LAST TETANUS SHOT: _____

PLEASE *SIGN YOUR INITIALS* BESIDE ANY MEDICATIONS YOUR CHILD MAY REQUEST/RECEIVE FROM A CHAPERONE FOR MINOR DISCOMFORTS:

Benadryl _____ Advil _____ Tylenol _____ Midol _____ Emetrol _____
Immodium _____ Pepto Bismol _____ Sudafed _____ Claritin _____ Dramamine _____
Robitussin _____ Robitussin DM _____ Sucrets _____ Cough Drops _____ Benadryl Cream _____
Neosporin Ointment _____

EQUIVALENT GENERIC BRANDS WILL BE USED WHEN AVAILABLE

As per Ascension Parish School Board Policy, any student currently under a doctor's care for a condition that requires a prescribed medication, must bring with them an adequate supply of the medication in the original container with a copy of the doctor's instructions. The medicine must be turned over to Ms. Bell or Mr. Holland, and be administered under their supervision. Students are not allowed to carry prescribed medications on their person during a school-sponsored event.

In addition to returning this form to the Band Department, an additional form must be obtained through the High School Main Office and filed in the student's personal file.

I hereby certify that, to the best of my knowledge, my child is in good health and has my permission to participate in all Dutchtown High School Band activities, including band camp, home and away football games, parades, concerts, festivals, and travel required to get to these events. I give permission for my child to be treated if necessary, and further realize that expenses incurred for treatment that are not covered by my insurance will be the responsibility of myself.

Signature: Parent of Guardian

Date

THIS FORM MUST BE TURNED IN BY THE FIRST DAY OF BAND CAMP.

YOUR CHILD WILL NOT BE ABLE TO RECEIVE ANY MEDICATION WITHOUT A FORM ON FILE.

NOTIFY US IF ANY OF THE ABOVE INFORMATION CHANGES DURING THE SCHOOL YEAR.

Don't forget to attach a copy of your CURRENT Insurance Card.