

**Health Form**

Hamilton Southeastern High School Band Department

**To be filled out by Parent or Guardian**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone #1: \_\_\_\_\_ Cell Phone#2: \_\_\_\_\_

**If Person Above is Not Available in the Event of Emergency, Please Notify:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Health/Accident Insurance: \_\_\_\_\_ if NO insurance, check here: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

**Medical Information (please circle)**

Asthma: Yes No	Diabetes: Yes No	Seizures: Yes No
Heart Condition: Yes No	Hemophilia: Yes No	Allergies: Yes No
Recent Surgeries: Yes No	Dizziness/Fainting: Yes No	
Physical or Emotional Restrictions: Yes No	Any other medical concerns: Yes No	

Explanation of "Yes" answers to provide safe participation:

*(Attach document if more space is required)*

\_\_\_\_\_

Please provide date of most recent Tetanus/Tdap vaccine. *Note: the Tdap is one of the required 6<sup>th</sup> grade vaccines.*

Tetanus/Tdap Vaccine Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION TO GIVE MEDICATION**

Name of Student: \_\_\_\_\_ School: \_\_\_\_\_

Please list any prescription medication (including inhalers and epi pen) taken by the student.

<b>Medication and Reason</b>	<b>Dosage, Date and Times</b>

Other than an inhaler or epi pen will your student be taking any of the above listed medications while at any band activity? *Note: Refrigeration is not available, therefore parents must be responsible for transporting medications that require refrigeration.* Yes No

Will your child be carrying their inhaler or epi pen and assume responsibility for their emergency medications during the band season? Yes No

Will you be providing an inhaler or epi pen to be kept in the band medical box during the band season for your child's use if needed? Yes No

May your student be given the following over-the-counter medications when needed?

- Acetaminophen/Tylenol    Yes    No    Cough Drops    Yes    No
- Ibuprofen/Motrin/Advil    Yes    No    Benadryl    Yes    No
- Antibiotic Ointment    Yes    No    Pepto Bismol/Antacid    Yes    No

This form must be signed by the parent before the above medications can be given by a volunteer chaperone during band activities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MEDICAL AUTHORIZATION AND RELEASE: In the event my child requires immediate or emergent medical care, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby authorize the HSE High School band directors and/or the adult chaperones that are in charge to transport my child to a qualified health care provider, provide emergency first aid, or to otherwise seek professional medical care for my child as they deem appropriate. I also authorize the health care provider who treats my child to provide my child with any medical treatment that he or she deems necessary or advisable under the circumstances, including but not limited to, hospitalization, anesthesia, surgery, medication and emergent care. I understand that the Hamilton Southeastern High School band department, band directors, chaperones and volunteers are not responsible for any improper medical care rendered to my child, or for any medical expenses incurred on behalf of my child.

Parents or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_