

**Laurel High School Marching Band  
Medical Form**

2021-2022

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Please fill out and return to Mr. Croach's Staff by **Monday, August 2nd, 2021** (first day of band camp). Medical forms can also be mailed to the school. Attn: Mr. Brian Croach

***Please print.***

Student Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Who does the student live with? \_\_\_\_\_

**HEALTH INFORMATION:**

Describe any condition (asthma, diabetes, heart condition, epilepsy, recent fractures, allergic to bee stings, etc), especially ones requiring medications as a treatment:

\_\_\_\_\_  
\_\_\_\_\_

Any surgery in the past year? **YES NO** If yes, please state nature. \_\_\_\_\_

Currently taking any medications? **YES NO** If yes, give name of medication, reason, dosage, and frequency.

\_\_\_\_\_  
\_\_\_\_\_

In order for your student to receive his/her daily medication, you must send the original prescription bottle labeled with your student's name, name of the medication, and the dosage prescribed. **Please send only the dose for that day.** A band booster or staff member will supervise as the student takes the appropriate dosage at the correct time. There will be a log made to keep track of this.

Does the student have any allergies (medications, food, environment, etc.)? **YES NO** If yes, list the allergies:

Is the student on a special diet? **YES NO** Type of diet: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_ Date of Last Physical : \_\_\_\_\_

Band Staff and volunteers are NOT permitted to medicate students. This includes over the counter drugs like the ones listed below. Please circle all the medications that you give permission for your child to take during band activities under the supervision of band staff or band booster parents. If you are concerned about your child's ability to self-medicate (under staff supervision), please contact Mr. Croach. With assistance of Dr. Dado, it is possible that an alternative solution can be developed.

Medications that can be given to your child during band activities: please circle

Tylenol                      Advil                      Roloids/Tums                      Dramamine

Chloraseptic Spray                      Immodium                      Emetrol                      Benadryl

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**INSURANCE INFORMATION:**

Name of Health Insurance: \_\_\_\_\_

Address: \_\_\_\_\_

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

Guarantor: \_\_\_\_\_ Agreement #: \_\_\_\_\_ Group #: \_\_\_\_\_

Do you need a referral from PCP? \_\_\_\_\_ **YES NO**

PCP Name: \_\_\_\_\_ PCP Phone Number: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Dentist Phone Number: \_\_\_\_\_

**FIRST AID/EMERGENCY AUTHORIZATION:**

If the school authorities cannot get in touch with the parent/guardian, please list two contacts who will have the authority to advise medical treatment regarding care of your child:

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

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

I hereby authorize the band staff, school authorities, or chaperones, in the event of an emergency, that is, when I am unable to be reached for authorization or when circumstances require immediate action, to proceed according to good medical practice with treatment of my daughter/son. I also authorize the hospital, attending physician, or other health care specialist administering treatment to release pertinent information to the insurance company assuming coverage for the same.

By signing below, I give permission and understand that Laurel School District may need to share my child's medical/athletic information with others but not limited to: teaching staff, counselors, physicians, athletic trainers, coaches, administrators, school nurse and other medical personnel. **This will be on a need to know basis only under HIPPA and FERPA Laws.**

If a student needs to be transported by ambulance to a hospital, a school employee, usually one of the band staff, will accompany that student to the hospital.

It is understood that in a final disposition of an emergency case, the judgment of the school authorities will prevail. The recommendation of the parent/guardian will be respected as far as possible. **It is also the responsibility of the Parent/Guardian to inform the Band Director of any changes of information that is on this form as soon as possible in writing.**

**GENERAL PERMISSION:**

Parent/Guardian: Permission is hereby granted for my son/daughter to participate in the Laurel High School Band Camp and 2021-2022 Band Activities. I will not hold neither the school authorities, nurses, or chaperones responsible for any accident or injury which involves my son/daughter (student's name) \_\_\_\_\_

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