

Greenwood High School Band Medical Information Sheet

Student Name _____ Date of Birth _____
Address _____ Home Phone _____
Father's Name _____ Emergency Contact # _____
Mother's Name _____ Emergency Contact # _____

EMERGENCY NUMBERS, when parents cannot be reached: (These individuals are aware of this agreement.)

1. Relative/Friend _____ Home # _____ Work # _____ Cell # _____
2. Relative/Friend _____ Home # _____ Work # _____ Cell # _____

Health Information

Please record any current medical information (Include medical conditions (diabetes, etc, restrictions due to health conditions, any food or medication allergies, the need to carry inhaler or Epi pen, etc.). _____

EMERGENCY PROCEDURE

I understand that if my child becomes ill or has an accident during this school sponsored event, an attempt will be made to contact the above listed persons. If none of the above persons can be reached by phone, I hereby authorize school personnel and chaperones to seek whatever medical attention is deemed necessary where it is available at the time. Information on this form may be shared with health care providers, per the director's discretion, for health and emergency care of my child.

The above named student, may have:

Tylenol 325-1000 mg every 4 hours as requested:	YES	NO
Ibuprofen 200-400 mg every 4 hours as requested:	YES	NO
Benadryl liquid, capsule, or tablet according to appropriate dosage:	YES	NO
Tums Antacid as directed:	YES	NO

Signature of Parent/Legal Guardian _____ Date _____

CURRENT MEDICATION

List all medication and dosage your student is currently taking: _____

(turn over)

Greenwood Band Department Medication Procedure

The following is the procedure that needs to be followed for students who need to take medication while they are involved with the Greenwood Band.

1. All students must complete the Greenwood High School Band Medical Information Sheet.
2. Any medicine, Ace bandages, braces, etc. needed by a student must be supplied by the parent of that student.
3. Medication must be in its original container with current label.
4. Medications are not to be shared by students.
5. These rules apply to all prescription medications as well as over the counter medications.
6. Inhalers should be kept with the students at all times.
7. All prescription medicines will be reviewed to determine if they will need to be administered by staff/parent volunteer.
8. A copy of this medical information may be shared with parent volunteers assisting with the students.

Your signature below indicates agreement with this policy.

Parent/Guardian Signature: _____ **Date:** _____