

CONFIDENTIAL
Waseca High School Band
Student Health Information and Medical Release Form

Please complete this health form as completely and accurately as possible so that band staff can respond promptly and appropriately to your student's health needs while traveling to, or participating in, band activities. This form will only be used for band purposes and is considered confidential. The only people with access to this information will be band staff or trip chaperones if necessary.

Student's Name: _____	Grade: _____	Gender: M F
Address: _____	City/State: _____	Zip: _____
Home Phone: _____	Student Cell Phone (optional): _____	
Birthdate: _____	Approx. Height: _____	Approx. Weight: _____

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 Ph: _____ Work Ph: _____	Home Ph: _____ Work Ph: _____
Cell Ph, Email, Other Info: _____	Cell Ph, Email, Other Info: _____

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: _____

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

Check ALL applicable conditions of student and explain below:

_____ Allergies	_____ Hay fever	_____ Heart trouble or murmur
_____ Sinus trouble	_____ Headaches	_____ Wheelchair / crutches
_____ Backaches or weak back	_____ Allergy to bee stings	_____ Other: _____
_____ Bowel or bladder problems	_____ Asthma	EXPLAIN: _____
_____ Car / motion sickness	_____ Respiratory problems	
_____ Diabetes	_____ Sleep walking	
_____ Epilepsy or convulsive disorder	_____ Vomiting	_____

Medication 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 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 medications 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? _____
What medications are used to treat the student's asthma? _____
3. If the student has an allergy, please list it here: _____
What is their typical reaction to this allergy? _____
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. Does the student have any food allergies? Yes No If yes, explain: _____
Any special food needs/requests? Yes No If yes, explain: _____
6. Date of last Tetanus: _____
7. Any other important medical needs? Yes No If yes, explain: _____

Do you authorize band staff or chaperones to dispense the following nonprescription medications if your child indicates a need? [Sudafed, Dramamine, Tylenol, Advil, Pepto Bismol, Tums] Yes No *These medications will only be given in the recommended dosage.*

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 have been informed of the nature of the band program in which the student is enrolled. I understand there are risks associated with the student's participation in the program activities generally described in the band handbook and transportation to and from the activities that could pose a threat of injury, illness, or death. The undersigned is familiar with outdoor activities and the student's abilities and I am not aware of any physical, emotional, or mental problem or limitation that would prevent, impair, or increase the risks involved in the student's participation in band activities.

With this knowledge, 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 to 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 _____