OWEN J. ROBERTS "WILDCAT" MARCHING UNIT

HEALTH & MEDICAL AUTHORIZATION FORM

_____ _____ _____
(Last) (First) (Middle)
STUDENT'S NAME **AGE** **GRADE**

INSURANCE INFORMATION -- EACH PARTICIPANT MUST SUPPLY ALL MEDICAL INSURANCE COVERAGE IN CASE OF EMERGENCIES WHEN AWAY FROM HOME.

NAME OF INSURANCE CARRIER _____

POLICY NUMBER _____

FAMILY PHYSICIAN

NAME: _____ PHONE: _____

ADDRESS: _____

ANY CURRENT MEDICAL/HEALTH ISSUE -- EVEN IF NO MEDICATION TAKEN FOR THE CONDITION AT THIS TIME (ex. asthma, diabetes, heart problems, hyperactivity, ADD, seizure disorder, etc…)

_____

_____

ANY KNOWN ALLERGIES or SENSITIVITIES (foods, medicines, insect stings, plants, perfumes, etc.)

_____

_____

Requires use of Epinephrine? YES NO

IN THE EVENT OF AN <u>EXTREME</u> EMERGENCY:
DO YOU GIVE PERMISSION TO ALLOW FOR EMERGENCY TREATMENT OF YOUR CHILD?
(ex. Call 911, and/or ambulance transport to a local hospital?)

YES NO

IN AN ***<u>EXTREME</u>*** EMERGENCY, YOU WILL BE NOTIFIED AS THE SITUATION DEVELOPS. PLEASE PROVIDE PHONE NUMBERS WHERE YOU CAN BE REACHED DAY AND NIGHT.

NAME:_____ PHONE: _____ ( )DAY ( )NIGHT
( )PARENT ( )EMERGENCY CONTACT ( )HOME ( )WORK ( )CELL

NAME:_____ PHONE: _____ ( )DAY ( )NIGHT
( )PARENT ( )EMERGENCY CONTACT ( )HOME ( )WORK ( )CELL

ANY CURRENT MEDICATIONS (ex. insulin, asthma inhalers, daily medicines, etc…)***VERY IMPORTANT*** PLEASE LIST ***NAME OF DRUG, DOSAGE, & TIME(S) ADMINISTERED*** and send medications in a *CLEARLY LABELED CONTAINER WITH COMPLETE INSTRUCTIONS - preferably in the original prescription bottle(s)*

MEDICATION	REASON	DOSAGE	TIME(S)

PERMISSION TO ADMINISTER OVER THE COUNTER (OTC) MEDICATIONS/TREATMENTS

THERE WILL BE A REGISTERED NURSE ON THIS TRIP. PLEASE **CLEARLY MARK** ON THE FOLLOWING CHART WHAT WE MAY & MAY NOT GIVE YOUR CHILD.

OTC MEDICATION	PERMISSION		OTC MEDICATION	PERMISSION	
For Headaches/Pain relief			***For Allergies - seasonal or skin***		
Acetaminophen (Tylenol)	□YES	NO□	Loratadine (Claritin)	□YES	NO□
Ibuprofen (Advil/Mortin)	□YES	NO□	Diphenhydramine (Benadryl) -pill/liquid	□YES	NO□
Naproxen (Aleve)	□YES	NO□	Diphenhydramine (Benadryl) -skin cream	□YES	NO□
For Upset Stomach/Motion Sickness			Pseudoephedrine/Phenylephrine (Sudafed)	□YES	NO□
Bismuth Subsalicylate (Pepto Bismol)	□YES	NO□	Oxymetazoline nasal spray (Afrin)	□YES	NO□
Simethicone (Gas-X)	□YES	NO□	Sodium chloride (saline) nasal spray	□YES	NO□
Dimenhydrinate (Dramamine)	□YES	NO□	***For Skin irritations - sunburn/abrasions***		
Calcium Carbonate (Tums)	□YES	NO□	Benzocaine (Lanacane) topical spray	□YES	NO□
Omeprazole (Prilosec)	□YES	NO□	Sodium chloride (saline) topical spray	□YES	NO□
For Ear-Ache			Neomycin+Pramoxine cream (Neosporin)	□YES	NO□
Swim Ear	□YES	NO□	Hydrocortisone cream	□YES	NO□

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AUTHORIZATION AND CONSENT:

I/We the undersigned attest to the information stated above and hereby give permissions as indicated herein to the OJR Marching Band staff and support personnel to provide health/medical care for my/our child while traveling with the band.

_____

PARENT/GUARDIAN SIGNATURE DATE

_____

PARENT/GUARDIAN SIGNATURE DATE