

**OJR MUSIC DEPARTMENT – HERSHEY TRIP – MAY 20<sup>TH</sup>, 2023****HEALTH & MEDICAL AUTHORIZATION FORM**

\_\_\_\_\_  
 (Last) (First) (Middle) **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 EXTREME 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 *EXTREME* 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 ( )CELLNAME: \_\_\_\_\_ 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 LABELLED 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	
<i>For Headaches/Pain relief</i>			<i>For Allergies - seasonal or skin</i>		
Acetaminophen (Tylenol)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Loratadine (Claritin)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Ibuprofen (Advil/Mortin)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Diphenhydramine (Benadryl) -pill/liquid	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Naproxen (Aleve)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Diphenhydramine (Benadryl) -skin cream	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>For Upset Stomach/Motion Sickness</i>			Pseudoephedrine/Phenylephrine (Sudafed)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Bismuth Subsalicylate (Pepto Bismol)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Oxymetazoline nasal spray (Afrin)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Simethicone (Gas-X)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Sodium chloride (saline) nasal spray	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Dimenhydrinate (Dramamine)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<i>For Skin irritations - sunburn/abrasions</i>		
Calcium Carbonate (Tums)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Benzocaine (Lanacane) topical spray	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Omeprazole (Prilosec)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Sodium chloride (saline) topical spray	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>For Ear-Ache</i>			Neomycin+Pramoxine cream (Neosporin)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Swim Ear	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Hydrocortisone cream	<input type="checkbox"/> YES	<input type="checkbox"/> 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 Music Department staff and support personnel to provide health/medical care for my/our child on the spring music department trip to Hershey on Saturday, May 20<sup>th</sup>, 2023.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE