

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 or 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 ()CELL

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

ANY CURRENT MEDICATIONS (ex. insulin, asthma inhalers, daily medicines-please include ‘as needed’ meds)

*[*IMPORTANT NOTE: Any medications to be taken while traveling with the band must be sent in a CLEARLY LABELED CONTAINER WITH COMPLETE INSTRUCTIONS - preferably in the original prescription bottle(s)]*

PLEASE LIST NAME OF DRUG, DOSAGE, & TIME(S) ADMINISTERED

MEDICATION	REASON	DOSAGE	TIME(S)

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

*[*IMPORTANT NOTE: Only a TRAINED MEDICAL PROFESSIONAL ACCOMPANYING THE BAND will be permitted to administer any medication]*

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)	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
<i>For Upset Stomach/Motion Sickness</i>			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	<i>For Skin irritations - sunburn/abrasions</i>		
Calcium Carbonate (Tums)	YES	NO	Benzocaine (Lanacane) topical spray	YES	NO
Omeprazole (Prilosec)	YES	NO	Sodium chloride (saline) topical spray	YES	NO
<i>For Ear-Ache</i>			Neomycin+Pramoxine cream (Neosporin)	YES	NO
Swim Ear	YES	NO	Hydrocortisone cream	YES	NO

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