

2018-2019 Music Department Medical Form / Field Trip Verification

This form must be completed, signed and given to the TRHS Music Department the first day of Band Camp for marching students and immediately after distributed by the Chorus, Orchestra and Guitar Directors. This form must be turned in so that your child may participate in the Music Department activities.

Please Print or Type

Student Name _____ Date of birth: _____

Student email _____ Student cell phone: _____

Parents Name _____ e-mail _____

Mailing Address _____
Address City State Zip

Telephone _____
Home Business Cell

Medical Insurance Co _____ Policy Number _____

- Person who may be contacted in an emergency if parents cannot be located:

Name _____ Telephone No. _____

- Please list any significant health problems that the director or nurses should be aware of. List special instructions on how to handle any special situations.

- Does the student have any severe allergies i.e.: allergies to drugs, food, bees, other and if so please list.

- Please list all medication(s) the student is taking now and will take during band camp or on a trip.

- Do you authorize the dispensing of the follow? Please check all that are affirmative.

_____ Tylenol _____ Advil _____ Benadryl _____

Permits

_____ Yes _____ No Permission is granted for a registered nurse or director who will accompany this group to administer non-prescription medication for the relief of minor discomfort and/or to administer approved emergency first aid as deemed necessary.

_____ Yes _____ No Permission is granted for this student to receive necessary treatment by a qualified physician, in his/her office or in a hospital emergency room, in the event of an accident or serious illness or injury.

Signatures

Student's Signature _____ Date _____

Parent's Signature _____ Date _____