

# Timberlane Regional High School

## 2011-2012 Music Department

### Medical Form / Field Trip Verification

This form must be completed, signed, and notarized and given to the TRHS Music Department the first day of band camp for marching students and immediately after distributed by the Chorus and Orchestra Director. 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 \_\_\_\_\_

Student's Social Security Number \_\_\_\_\_ (forms are confidential)

- 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 allergies to any drugs 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.

\_\_\_\_\_ Aspirin \_\_\_\_\_ Tylenol \_\_\_\_\_ Advil \_\_\_\_\_ Benadryl \_\_\_\_\_ Other \_\_\_\_\_

### 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 \_\_\_\_\_

Notary Public \_\_\_\_\_ Commission Expires on \_\_\_\_\_

*Notarization is necessary and will save time in an emergency situation. Do not sign unless in the Notary's presence.  
A Notary is available both at the PAC and the high school.*