Student Medical Information
Southmoreland Marching Band

Student's last name:	First Name:	Middle name:

Date of birth:	Age:	Current Grade:	Sex:

Present Address:

_____
Street

_____
City, State, and Zip Code

Telephone Number *(*Please star the number you would prefer us to contact first in the event of an emergency):*

Home **Cell**

Email:

Father's/Guardian's Full Name:
Telephone Number(s): **Work number:**

Mother's/Guardian's Full Name:
Telephone Number(s): **Work number:**

Emergency Contact Person (if the school or band director cannot contact either parent/guardian, please list *at least two* relatives or friends who would have the authority to advise us regarding your child):

Call Order	Name:	Relationship:	Phone(s):
1			
2			
3			

Student name:

Medical Information
Name of child's physician: **Telephone number:** **Address:**
Name of child's dentist: **Telephone number:** **Address:** Please list any dental appliances:
If none of the above can be reached by phone, WHAT DO YOU WISH US TO DO in case the child is sick or injured?
If medical treatment is required, may the school authorities, director, or band staff use their own judgment in sending your child to a hospital or doctor most easily accessible before the parent/guardian can be reached? _____Yes ____No **If no, name preferred hospital and preferred doctor:**
Does your child wear contacts? ___ No___ Yes If yes, soft or hard contacts? ___ Soft___ Hard
Date of last tetanus shot:
Allergies:
List any medical problems or underlying conditions medical personnel should be made aware of (example: high risk for severe illness {including COVID-19}, diabetes, seizures, asthma, heart condition, recent surgeries, etc.):
Is this student currently under medical treatment? _____Yes _____No **If yes, give the nature of the treatment and the doctor's name and phone number:**

Student name:

Medications

Please read all guidance and instructions regarding medications.

The following page is to be completed if your child is taking **any** medications, including prescription and over the counter medications.

The medication form serves two purposes. First, in the event of a medical emergency, it is used to inform emergency medical responders of any current medication your child is taking. Second, it is a list of any potential medications that would need administered during marching band activities, such as day long competitions (if nurse/medical chaperone is available), and potentially overnight trips. Once the form is completed, please reach out to the marching band director if any updates are needed.

Medication Administration:

Medications can only be administered by a nurse chaperone or other approved medical chaperone.

- In order for a nurse/medical chaperone to administer **ANY** medication to your child, the form must include a physician signature. This applies to non-prescription/over the counter, as needed type medication (such as Tylenol, Tums) as well as prescription/routine medication.
- **I understand that all medications must be registered here in order for my child to receive it,** and that all medication disbursement will be recorded for my review (if desired).
- I also understand that **I must provide any medication my child may need,** and that I will **include a label on the *original* container with my child's name and dosage permitted** as well as any additional information that is needed to safely administer medication to my child.
- **Please note: medication WILL NOT be dispersed unless it is registered and provided for by the student's parent/guardian.**

Medications will not be dispersed without a doctor's signature. If your child is prone to having headaches, motion sickness, upset stomach, etc., the medication must be on file with doctor signature.

Students *will not* be given medication via an over the telephone conversation with the parent/guardian.

I have read and understand the information provided in this form:

Student signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

PRESCRIPTION AND/OR NON-PRESCRIPTION (OTC) MEDICATION

****Medicines MUST be supplied in original containers w/ student's name.*
A doctors signature is required for any medication (prescription or over-the-counter)
*Any medications listed MUST be located in the medical kit, with the exception of asthma inhaler which may be carried by student provided student has permission form turned in to school nurse.****

Student name:

Medication name	Dose:	Route & Frequency	Special Instructions

This list is information only until medications are provided for administration by the parent and a doctor signature is obtained.

The nurse and/or approved medical chaperone has my permission to dispense the following medications according to the dosage and instructions recorded.

Parent/Guardian Signature: _____ Date:_____

Physician Signature: _____Date:_____

Student name:

Health Insurance

Each student must be covered by Health Insurance to be member of the Southmoreland Band program. Please note: if your child does not have adequate health insurance, you must secure insurance for your child through the Southmoreland School District's Program. Sign in the appropriate area that applies to the student's health insurance coverage:

_____ I certify that my child is adequately covered by health insurance. I will assume responsibility for cost in case of an accident, injury, or illness that may occur.

Name of insurance provider: _____

ID number: _____

Name of dental provider: _____

ID number: _____

Other insurance: _____

_____ I certify that my child is NOT adequately covered by health insurance, and I will therefore obtain insurance coverage through the Southmoreland School District and provide record of this to the band director to be filed.

It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail. The recommendations of the parent/guardian, as indicated above, will be respected as far as possible. If at any time the above information must be changed, I will notify my child's band director in writing.

By signing this form, my child and I agree and assure that the information given is correct and to the best of our knowledge.

_____ _____

Signature of father /guardian ***Date***

_____ _____

Signature of mother/guardian ***Date***

_____ _____

Signature of the band student ***Date***