Lafayette High School Band Medical Form — School Year 2016-17

This is the form that will be brought to the emergency room with your child if the need arises. This information will also be used to assist in the care of your child during LHS band events, and is *confidential* to the medical chaperones caring for your child during these events. **PLEASE FILL IN ALL BLANKS AND PRINT CLEARLY.** Provide insurance card information on the back of this page. We do not need a photocopy of your insurance card.

NAME: _____ INSTRUMENT: _____ GRADE: _____

DATE OF BIRTH: _____ INSURANCE CO. & GROUP #: _____

PARENT/GUARDIAN: _____ EMAIL: _____

HOME #: _____ WORK #: _____ CELL #: _____ CELL #: _____

ADDRESS: _____

FAMILY PHYSICIAN: _____ PHONE #: _____

EMERGENCY CONTACT: (used only if unable to reach parent/guardian)

NAME: _____ RELATIONSHIP: _____ PHONE #_____

NAME: _____ RELATIONSHIP: _____ PHONE #_____

PLEASE LIST ANY MEDICATION ALLERGIES AND/OR INTOLERANCES ON BACK OF FORM.

DOES YOUR CHILD HAVE (OR HAS HAD) ANY OF THE FOLLOWING MEDICAL CONDITIONS:

Asthma _____ Cancer _____ Diabetes _____ Frequent Headaches _____ Seizures _____ ADHD _____

Heart Disease _____ Depression _____ Frequent Stomach Aches _____ Other _____

Surgeries (recent or significant): _____

PLEASE LIST ANY OTHER ALLERGIES, DESCRIPTION OF REACTION, AND USUAL TREATMENT:

_____

PLEASE LIST CURRENT MEDICATION TAKEN (prescribed and over the counter):

NAME OF MEDICATION	DOSE AND FREQUENCY	REASON
_____	_____	_____
_____	_____	_____

DATE OF LAST TETANUS SHOT: _____

PLEASE *SIGN YOUR INITIALS* BESIDE ANY MEDICATIONS YOUR CHILD MAY REQUEST/RECEIVE FROM A CHAPERONE FOR MINOR DISCOMFORTS:

Benadryl _____ Advil _____ Tylenol _____ Midol _____ Emetrol _____ Immodium _____ Pepto Bismol _____

Sudafed _____ Claritin _____ Dramamine _____ Robitussin _____ Robitussion DM _____ Sucrets _____ Cough Drops _____

Benadryl Cream _____ Neosporin Ointment _____ EQUIVALENT GENERIC BRANDS WILL BE USED WHEN AVAILABLE

As per Lafayette Parish School Board Policy, any student currently under a doctor's care for a condition that requires a prescribed medication, must bring with them an adequate supply of the medication in the original container with a copy of the doctor's instructions. The medicine must be turned over to Mr. Walker, and be administered under his supervision. Students are not allowed to carry prescribed medications on their person during a school-sponsored event. In addition to returning this form to the Band Hall, an additional form must be obtained through the High School Main Office and filed in the student's personal file.

I hereby certify that, to the best of my knowledge, my child is in good health and has my permission to participate in all Lafayette High School Band activities, including band camp, home and away football games, parades, concerts, festivals, and travel required to get to these events. I give permission for my child to be treated if necessary, and further realize that expenses incurred for treatment that are not covered by my insurance will be the responsibility of myself.

_____

Signature: Parent or Guardian Date

MEDICAL FORMS MUST BE TURNED IN BY THE FIRST DAY OF BAND CAMP. YOUR CHILD WILL NOT BE ABLE TO RECEIVE ANY MEDICATION WITHOUT A FORM ON FILE. NOTIFY US IF ANY OF THE ABOVE INFORMATION CHANGES DURING THE SCHOOL YEAR.