

2017 FISHERS BAND HEALTH FORM

To be completed by Parent or Guardian:

Name _____ Date of Birth _____

Address _____
Street City Zip

Height _____ Weight _____

Name of Parent(s) or Guardian(s) _____

Parent 1 (h) _____ (c) _____ Parent 2 (h) _____ (c) _____

If Person Above is NOT Available in the event of an emergency, Please Notify

Name _____ Relationship _____

Phone (h) _____ Phone (c) _____

Name of Personal Physician _____ Phone _____

Health/Accident Insurance carrier: _____ If no Health Insurance check here

Medical Information PAST or PRESENT (please check):

Asthma	YES <input type="radio"/> NO <input type="radio"/>	Diabetes	YES <input type="radio"/> NO <input type="radio"/>
Allergies	YES <input type="radio"/> NO <input type="radio"/>	Hypoglycemia	YES <input type="radio"/> NO <input type="radio"/>
Convulsions/Seizures	YES <input type="radio"/> NO <input type="radio"/>	Hemophilia	YES <input type="radio"/> NO <input type="radio"/>
Dizziness/Fainting	YES <input type="radio"/> NO <input type="radio"/>	Heart Condition	YES <input type="radio"/> NO <input type="radio"/>

Recent Surgeries _____ Other Medical Concerns _____

Provide explanation to any "Yes" answers to provide safe participation (i.e., list allergies, knee braces, etc...)

Please provide date of the most recent tetanus/Tdap vaccine. (NOTE: Tdap is one of the required 6th grade vaccines and can be found in "Skyward" under "Health Information". It will say "In Compliance" if your student does not need to receive this vaccine).

TETANUS/Tdap Vaccine Date: _____

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Please list prescription medication (including inhalers & EpiPens) taken by the student:

Medication	Dosage and time to be given

∞ Other than an inhaler or EpiPen (emergency medicine), will your student be taking any of the above listed medications while at any band activity? YES NO N/A

Note, we do not have refrigeration capabilities. Therefore, parents must be responsible for transporting and delivering refrigerated medicine to their child.

∞ Will your child be carrying their inhaler or EpiPen or above mentioned medication and assume responsibility for their self-medicating during the band session?

YES NO N/A

∞ Will you be providing an inhaler or EpiPen or above mentioned medication to be kept locked in the band medical box during the band season for your child's use if needed?

YES NO N/A

Note, if a prescription medication needs to be given by a parent volunteer while at a band activity, the prescription medication will need to be in the original prescription bottle and the volunteer parent will need to follow the prescription as written on the bottle.

May your student be given any of the following over-the-counter medication (age/weight appropriate) when needed?

Acetaminophen / Tylenol	YES <input type="radio"/>	NO <input type="radio"/>	Ibuprofen / Motrin/ Advil	YES <input type="radio"/>	NO <input type="radio"/>	Midol	YES <input type="radio"/>	NO <input type="radio"/>
Antibiotic Ointment	YES <input type="radio"/>	NO <input type="radio"/>	Benadryl	YES <input type="radio"/>	NO <input type="radio"/>	Cough Drops	YES <input type="radio"/>	NO <input type="radio"/>
Sunscreen	YES <input type="radio"/>	NO <input type="radio"/>	Pepto Bismal	YES <input type="radio"/>	NO <input type="radio"/>	Saline Solution	YES <input type="radio"/>	NO <input type="radio"/>

THIS FORM MUST BE SIGNED BY THE PARENT BEFORE THE ABOVE MEDICATIONS CAN BE GIVEN BY A VOLUNTEER CHAPERONE DURING BAND ACTIVITIES.

Parent/Guardian Signature _____ Date: _____

*Please be advised that the HSE School District requires a separate "Authorization to Self-Administer Medications at School" form to be completed as well if your child is carrying a prescription medicine during the school day. You can receive this form through the school nurse's office and return it signed to the school nurse. Note, the school form (vs. the band form) does require a doctor's signature.

MEDICAL AUTHORIZATION AND RELEASE: In the event my child requires immediate or emergent medical care, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby authorize the Fishers High School band director(s) and/or the adult chaperone(s) who are then in charge to transport my child to a qualified health care provider, provide emergency first aid, or to otherwise seek professional medical care for my child as they deem appropriate. I also authorize the health care provider who treats my child to provide my child with any medical treatment that he or she deems necessary or advisable under the circumstances, including but not limited to, hospitalization, anesthesia, surgery, medication and emergent care. I understand that Fishers High School band department, band directors, chaperones and volunteers are not responsible for any improper medical care rendered to my child, or for any medical expenses incurred on behalf of my child.

Parent/Guardian Signature: _____ Date: _____