

Cienega High School Instrumental Program Medical Form

School Year: _____ - _____

Name: (Last, First, Middle)		Grade:
DOB:	Age:	Sex:
Address:		
Emergency Contacts		
Name:		
Relationship:		
Cell Phone:		
Home Phone:		
Work Phone:		
Physician/Insurance		
Physician:	Telephone:	
Physician Address:		
Insurance Carrier:	Telephone:	
Policy ID:	Group:	
Medical History		
<input type="checkbox"/> Allergies (not seasonal)	<input type="checkbox"/> Asthma	<input type="checkbox"/> Bleeding Disorders
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Seizures
<input type="checkbox"/> Other:	Last Tetanus:	
Allergies:		
Medications:		
Activity Limiting Restrictions:		
The CHS Band Booster Club maintains a first aid/medical kit. Over the counter medications may be administered by a chaperone when necessary, but only with parent/guardian permission.		
I give permission to an adult in charge of First Aid to administer the following to my child as needed:		
<input type="checkbox"/> Advil (Ibuprofen)	<input type="checkbox"/> Decongestant	<input type="checkbox"/> Saline Eye Wash
<input type="checkbox"/> Tylenol (Acetaminophen)	<input type="checkbox"/> Triple Antibiotic Ointment	<input type="checkbox"/> Antacids
<input type="checkbox"/> Benadryl (Diphenhydramine)	<input type="checkbox"/> Hydrocortisone Cream (1%)	
I give permission for the above-named student to receive the following prescription medication:		
<i>*Prescription drugs must be labeled and in the original container.*</i>		
Medication:	Dosage:	Time: AM PM
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I request that the medication:		
<input type="checkbox"/> Be administered by a Band Chaperone <input type="checkbox"/> Be carried by the Student for self-administration		

This information will remain in effect for one year from the date below, unless notified in writing. To my knowledge, all the above information is correct. I understand that in the event of an emergency, every effort will be made to contact the parent/guardian. If unable to be reached, I give permission to have the physician/person selected by the Director/CHS Band Booster Club secure proper treatment. I also understand that Cienega High School, CHS Band Booster Club, and Chaperones are not liable or responsible for injury/accidents that may occur during band events. There are also restrictions to the uses of private health information of my student.

Parent/Guardian Signature: _____

Date: _____