

Health Form

Hamilton Southeastern High School Band Department

To be filled out by Parent or Guardian

Last Name: _____ First Name: _____

Date of Birth: _____ Height: _____ Weight: _____

Address: _____ State: _____ ZipCode: _____

Name of Parent or Guardian: _____

Home Phone: _____ Cell Phone #1: _____ Cell Phone#2: _____

If Person Above is Not Available in the Event of Emergency, Please Notify:

Name: _____ Phone: _____

Relationship: _____ Cell Phone: _____

Physician's Name: _____ Physician's Phone: _____

Health/Accident Insurance: _____ if NO insurance, check here: _____

Policy Number: _____ Group Number: _____

Medical Information (please circle)

Asthma: Yes__ No__ Diabetes: Yes__ No__ Seizures: Yes__ No__

Heart Condition: Yes__ No__ Hemophilia: Yes__ No__ Allergies: Yes__ No__

Recent Surgeries: Yes__ No__ Dizziness/Fainting: Yes__ No__

Physical or Emotional Restrictions: Yes__ No__ Any other medical concerns: Y__ N__

Explanation of "Yes" answers to provide safe participation:

(Attach document if more space is required)

Please provide date of most recent Tetanus/Tdap vaccine. *Note: the Tdap is one of the required 6th grade vaccines.*

Tetanus/Tdap Vaccine Date: _____

Parent Signature: _____ Date: _____

I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

AUTHORIZATION TO GIVE MEDICATION

Name of Student: _____ School: _____

Please list any prescription medication (including inhalers and epi pen) taken by the student.

Medication and Reason	Dosage, Date and Times

Other than an inhaler or epi pen will your student be taking any of the above listed medications while at any band activity? *Note: Refrigeration is not available, therefore parents must be responsible for transporting medications that require refrigeration.* Yes__ No__

Will your child be carrying their inhaler or epi pen and assume responsibility for their emergency medications during the band season? Yes__ No__

Will you be providing and inhaler or epi pen to be kept in the band medical box during the band season for your child's use if needed? Yes__ No__

May your student be given the following over-the-counter medications when needed?

- Acetaminophen/Tylenol Yes__ No__ Cough Drops Yes__ No__
- Ibuprofen/Motrin/Advil Yes__ No__ Benadryl Yes__ No__
- Antibiotic Ointment Yes__ No__ Pepto Bismol/Antacid Yes__ No__

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: _____

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 HSE High School band directors and/or the adult chaperones that are 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 the Hamilton Southeastern 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.

Parents or Guardian's Signature: _____ Date: _____

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