

EMERGENCY MEDICAL AUTHORIZATION FORM

Purpose – To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under the supervision of the band staff, when parents or guardians cannot be reached.

Name _____ Date of Birth _____ Age _____

Address _____ City _____ Zip _____

Home Phone _____ Social Security Number _____

Parent/Guardian Name _____ Work Phone _____ Cell _____

Parent/Guardian Name _____ Work Phone _____ Cell _____

IN CASE OF EMERGENCY WHEN THE ABOVE CANNOT BE REACHED

Name _____ Home Phone _____ Cell _____

Address _____ Work Phone _____

HEALTH HISTORY

Check if yes:

- Asthma Fainting Spells Convulsions Diabetes
 Heart Trouble Allergy or reaction to any medication Swimming or Sports Restrictions
 Other – describe this or above _____

None apply – please check: _____

Currently under a doctor's care Yes _____ No _____ Describe _____

Have difficulty with the following:

- Eyes, Ears, Nose, Throat Problem with feet
 Menstrual Problems Back Problems
 Digestion Bed wetting
 Sleepwalking Lungs
 Exposure to sunlight/sunburn

Condition requiring regular medication (over the counter and/or prescription) _____

Name and type (keep in original bottle) _____

Any medical restrictions of activity _____

Explain _____

Immunizations: Tetanus toxoid _____ Any special immunizations _____

INSURANCE INFORMATION

Medical Insurance Company _____ Group Number _____
ID Number _____ Policy Number _____ Plan Code _____
Subscriber's Name _____ Relationship of Subscriber _____

PART I: TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Physician: _____ Phone _____
Dentist: _____ Phone _____
Medical Specialist _____ Phone _____
Preferred Hospital _____ Phone _____

I understand that marching band does require physical activity which includes running laps, marching and standing at attention for long periods of time. I also understand that if I am in doubt as to whether or not my child is physically capable of doing these band activities, that I should have a complete physical done for my child. The Lancaster City School Board recommends that each student receive such a physical.

In the event that reasonable attempts to contact me are unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by above-named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and the transfer of the child to any hospital reasonably accessible.

Signature of Parent/Guardian _____ Date _____

I give my consent for my child to receive the following non-prescription medications:

_____ Aleve _____ Tylenol _____ Ibuprofen _____ Pepto Bismol
_____ Dramamine _____ Tums _____ Anti-diarrheal tablets _____ Cough Drops

Signature of Parent/Guardian _____ Date _____

PART II: REFUSAL TO CONSENT

I **DO NOT** give my consent for emergency treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the band staff to take the following action: _____

I understand that marching band does require physical activity which includes running laps, marching and standing at attention for long periods of time. I also understand that if I am in doubt as to whether or not my child is physically capable of doing these band activities, that I should have a complete physical done for my child. The Lancaster City School Board recommends that each student receive such a physical.

Signature of Parent/Guardian _____ Date _____