

Winnetonka High School Bands

Medical Release Form

School Year: 2011-2012



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 WHS Band events, including the Band Trips. All information will be kept *confidential* to the medical chaperones caring for your child during these events. PLEASE FILL IN ALL BLANKS AND PRINT CLEARLY.

Student's Last Name _____	First Name _____	Middle Initial _____
Gender: M F	Date of Birth: ____ / ____ / ____	Grade Level: 9 10 11 12
Student Cell Number: (____) _____ - _____ Unlimited Texting? Y N (in case of mass text message to students)		

Mother's Last Name _____
Mother's First Name _____
Home Address _____ _____
Phone Contact (please check your preferred in case of emergency):
➤ Home Phone: (____) _____ - _____
➤ Work Phone: (____) _____ - _____
➤ Cell Phone: (____) _____ - _____

Father's Last Name _____
Father's First Name _____
Home Address _____ <i>(if different)</i> _____
Phone Contact (please check your preferred in case of emergency):
➤ Home Phone: (____) _____ - _____
➤ Work Phone: (____) _____ - _____
➤ Cell Phone: (____) _____ - _____

SECONDARY EMERGENCY CONTACT (in case a parent cannot be reached first):
Name _____ Relationship _____ Phone: (____) _____ - _____

PHYSICIAN EMERGENCY CONTACT:
Doctor's Name _____ Phone: (____) _____ - _____

INSURANCE INFORMATION:
Carrier/Company Name _____ Group and/or Policy #: _____

MY CHILD IS ALLERGIC TO (medicines, foods, insect toxins, etc.) [LIST TYPICAL REACTIONS AND TREATMENT]:

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

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

DATE OF LAST TETANUS SHOT: _____

INITIAL BESIDE ANY MEDICATIONS YOU GIVE PERMISSION TO YOUR CHILD TO SELF-ADMINISTER IN ACCORDANCE WITH RECOMMENDED DOSAGES ON MEDICATION PACKAGING FOR MINOR DISCOMFORTS.

- | | | | | |
|------------------------|-------------------|----------------------|-----------------|--------------------|
| ___ Benadryl | ___ Advil | ___ Tylenol | ___ Midol | ___ Emetrol |
| ___ Immodium | ___ Pepto Bismol | ___ Sudafed | ___ Claritin | ___ Dramamine |
| ___ Robitussin | ___ Robitussin DM | ___ Sucrets/Losenges | ___ Cough Drops | ___ Benadryl Cream |
| ___ Neosporin Ointment | Other: _____ | | | |

WE WILL NOT CARRY A SUPPLY OF THESE ITEMS. BY INITIALING A MEDICATION, YOU AGREE TO SUPPLY IT IF NECESSARY. IT IS ALSO UNDERSTOOD THAT GENERIC MEDICATIONS ARE ACCEPTABLE (ie. Tylenol=Acetaminophen).

DOES YOUR CHILD HAVE/HAS YOUR CHILD *HAD* ANY OF THE FOLLOWING MEDICAL CONDITIONS (check):

- | | | | |
|----------------------------------|----------------|----------------------------|----------|
| ___ Asthma | ___ Cancer | ___ Seizures | ___ ADHD |
| ___ Heart Disease | ___ Depression | ___ Frequent Stomach Aches | |
| ___ Frequent Headaches/Migraines | OTHER: _____ | | |

Surgeries (recent *or* significant): _____

DO YOU HAVE ANY OTHER CONCERNS OR INFORMATION THAT WILL HELP US CARE FOR YOUR CHILD:

RELEASE/AGREEMENT

I hereby certify that, to the best of my knowledge, my child is in good health and has my permission to participate in all Winnetonka High School Band activities, including but not limited to the Band Trips. I agree to assume responsibility for any unforeseen accident and/or medical emergency that might occur during travel or participation in this activity. I also authorize any emergency medical treatment that may be necessary. I understand that every attempt will be made by chaperones and/or directors to contact me and or my spouse and/or my emergency contact person before serious emergency care is administered, but that the care and safety of my child will be considered if immediate contact cannot be made. I hereby give permission to my child to self-administer in accordance with suggested and appropriate packaging dosages the above agreed upon over the counter medications during band activities including the Band Trip.

Parent/Guardian Signature

Date

Notary Seal:

Notary Signature

(My Commission Expires)

Duplicates of this form will be stored on each student's person during the trip, in a confidential file with a director during the trip, and in a confidential file in the office at Winnetonka High School.