

Rancocas Valley Regional High School

Red Devil Marching Band

2008-2009 Medical Form

Student Name _____ Birth Date _____

Sex _____ Age _____ Parent/Guardian(s) _____

Phone Home _____ Work _____

Cell _____ E-Mail _____

Home Address _____

Street Address

City/State/Zip

If not available in the case of an emergency, please notify:

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

HEALTH HISTORY

Please Check & Give Appropriate Dates

Ear Infections _____

Insect Stings _____

Rheumatic Fever _____

Penicillin _____

Asthma _____

Other Drug Allergies _____

Convulsions _____

Chicken Pox _____

Diabetes _____

Mumps _____

Hay Fever _____

Measles _____

Poison Ivy, Oak, etc. _____

Mononucleosis _____

Heart Condition(s) _____

Operations or Serious Injuries (include dates): _____

Chronic or Recurring Illnesses: _____

Other Diseases or Details from Above: _____

Date of Last Tetanus Shot: _____

Restricted Activities? _____

Encouraged Activities? _____

If you request that your son/daughter be allowed to self-administer medication, please fill out the information below. You MUST get approval from your family physician.

DATE _____

_____ Is authorized to carry and self-administer this
(Name)
medication _____ while on band trips for
(Name of Medication)
_____.
(Medical Condition)

Dosage: _____ Time(s): _____

Means of Administration: _____

This student has been instructed and trained and is proficient in the self-administration of this medication.

SIGNATURE OF PHYSICIAN _____

ADDRESS OF PHYSICIAN _____

PHONE _____

Date of last physical examination: _____

Parental Suggestions: _____

Health Insurance Provider: _____ Policy # _____

Company Contact Information: _____

Parental Health Authorization and Claim Release

This health history is correct, so far as I know, and the person herein described has permission to engage in all trip activities except as noted by me.

In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the Band Director, to hospitalize and/or secure any and all proper treatments for my child on this form.

We further agree to release all Rancocas Valley Regional High School Red Devil Marching Band staff, chaperones and sponsoring organizations from all claims or demands for ourselves on behalf of our children, against said Rancocas Valley Regional High School Red Devil Marching Band staff, chaperones and organizations, their members, agents, representatives or employees, for any personal injury and/or property damage that be suffered during all relevant band trips.

Student Name _____ Student Signature _____

Parent/Guardian Name(s) _____

Parent/Guardian Signature(s) _____

Date _____