SOUTH-DOYLE HIGH SCHOOL BAND

2020-2021 Health Information & Medical Release Form

STUDENT NAME _____ BIRTH DATE ____/____/_____

I, the undersigned, being the parent, legal next-of-kin, or legal guardian of _____, hereby authorize any necessary medical treatment for this person while participating in any South-Doyle High School Band functions during the **2020-2021** school year. I also will be responsible for all financial responsibilities during medical treatment.

In regard to such person, I submit the following information:

1. Allergies to foods, medications. If none, write "none". _____

_____

2. Special medical problems or health conditions. If none, write "none". _____

_____

3. Medication(s) or prescription(s) to be used by student. If none, write "none".

   Medication _____ Purpose _____

   Medication _____ Purpose _____

   Medication _____ Purpose _____

4. In the event that we cannot reach you, do we have permission to give any of the following medicines to your child? (Please mark yes or no for each line)

Benadryl	Yes ____ No ____	Tylenol	Yes ____ No ____
Pepto Bismol	Yes ____ No ____	Kaopectate/Imodium	Yes ____ No ____
Advil/Ibuprofen	Yes ____ No ____	Sudafed	Yes ____ No ____
Antacids (Mylanta, etc.)	Yes ____ No ____	Dramamine	Yes ____ No ____

5. My child is prescribed and carries: an Epi Pen Yes ____ No ____ an inhaler Yes ____ No ____

6. Date of last Tetanus shot? _____

7. Family Physician _____ Phone _____

8. Person(s) other than parent or guardian to notify in case of emergency:

   Name _____ Phone _____ Relationship _____

   Name _____ Phone _____ Relationship _____

9. Health Insurance Carrier _____ Policy Group # _____

   Policy Holder's Name _____ ID # _____

I hereby give permission and approval for any and all medical and surgical treatments, including anesthesia and operations which may be necessary and or available to my son or daughter by the attending physician and surgeons. The intention hereof, being to grant authority to administer and perform all and singularly, and procedure which may now or during the course of the patient's care be deemed advisable or necessary. I/we also agree that the patient, when admitted, is to remain in the hospital until his/her physician recommends the patient's discharge. Every effort will be made to contact parent(s) or guardian(s) in advance of treatment, by telephone, in case of injury or illness

Parent/Guardian Signature _____ Date _____

Notary Public _____ Date _____ Expire _____