Student Medical Information
Southmoreland Band

Dates Updated_____

STUDENT INFORMATION

_____ _____ _____ **Current grade: _____**
Student's last name/ first name/ middle name

Sex: _____ Date of Birth: _____ Age: _____
Month/Day/Year

Present Address: _____
Street

_____
City, State, and Zip Code

*(*Please star the number you would prefer us to contact first in the event of an emergency)*
Telephone Number: Home 724-_____
Cell _____-_____

Email: _____

Father's/Guardian's Full Name: _____
Telephone Number(s): _____Work number: _____

Mother's/Guardian's Full Name: _____
Telephone Number(s): _____Work number: _____

Emergency Contact Person (if the school or band director cannot contact either parent/guardian, please list *at least two* relatives or friends who would have the authority to advise us regarding your child):

Name: _____
Relationship: _____ Telephone number(s): _____

Name: _____
Relationship: _____ Telephone number(s): _____

Name: _____
Relationship: _____ Telephone number(s): _____

MEDICAL INFORMATION

Name of child's physician: _____

Telephone number: _____

Address: _____

Name of child's dentist: _____

Telephone number: _____

Address: _____

If none of the above can be reached by phone, WHAT DO YOU WISH US TO DO in case the child is sick or injured? _____

_____

If medical treatment is required, may the school authorities, director, or band staff use their own judgment in sending your child to a hospital or doctor most easily accessible before the parent/guardian can be reached? _____Yes ____No

If no, name preferred hospital and preferred doctor:

_____

Is this student currently under medical treatment? _____Yes _____No

If yes, give the nature of the treatment and the doctor's name and phone number:

_____

_____

Is this student currently taking any prescribed medications? _____Yes _____No

If yes, give the name of the medication, reason it is given, and the doctor's name and phone number:

_____

_____

List any medical problems not included above that the school nurse or medical personnel should be made aware (example: allergies, diabetes, seizures, asthma, heart condition, recent surgeries, etc.):

_____

_____

_____

Date of last tetanus shot: _____

Does your child wear contacts? _____ No _____ Yes

If yes, soft or hard contacts? _____ Soft _____ Hard

Does your child wear any dental appliances? _____ Yes _____ No

If yes, please list: _____

The nursee and/or approved medical chaperone has my permission to dispense the following over-the-counter medications in the dosage recorded. I understand that all medications must be registered here in order for my child to receive it, and that all medication disbursement will be recorded for my review (if desired). I also understand that I must provide any medication my child may need, and that I will include a label on the *original* container with my child's name and dosage permitted as well as any additional information that is needed to safely administer medication to my child. Please note: medication WILL NOT be dispersed unless it is registered and provided for by the student's parent/guardian. If your child is prone to having headaches, motion sickness, upset stomach, etc., the medication must be on file. Students *will not* be given medication via an over the telephone conversation with the parent/guardian.

PRESCRIPTION AND/OR NON-PRESCRIPTION (OTC) MEDICATION

****Medicines MUST be supplied in original containers w/ student's name. Anything listed below MUST be located in the medical kit. With the exception of asthma inhaler which may be carried by student provided student has permission form turned in to school nurse.****

Name of the non- prescription medication **Dosage**

_____ _____

_____ _____

_____ _____

Specific Instructions:

_____

_____

_____

_____

_____

_____

_____

Doctor's Signature and Authorization (required for ALL MEDICATION).

_____ **Date** _____

Each student must be covered by Health Insurance to be member of the Southmoreland Band program. Please note: if your child does not have adequate health insurance, you must secure insurance for your child through the Southmoreland School District's Program. Sign in the appropriate area that applies to the student's health insurance coverage:

_____ I certify that my child is adequately covered by health insurance. I will assume responsibility for cost in case of an accident, injury, or illness that may occur.

Name of insurance provider: _____
ID number: _____
Name of dental provider: _____
ID number: _____

Other insurance: _____

_____ I certify that my child is NOT adequately covered by health insurance, and I will therefore obtain insurance coverage through the Southmoreland School District and provide record of this to the band director to be filed.

It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail. The recommendations of the parent/guardian, as indicated above, will be respected as far as possible. If at any time the above information must be changed, I will notify my child's band director in writing.

By signing this form, my child and I agree and assure that the information given is correct and to the best of our knowledge.

_____ _____
Signature of father /guardian ***Date***

_____ _____
Signature of mother/guardian ***Date***

_____ _____
Signature of the band student ***Date***