

PARK VISTA HIGH SCHOOL BAND

7900 Jog Road
Lake Worth Fl. 33467
561-491-8473

Aaron Snipes III
Director of Bands

Reginald Myers
Principal

MEDICAL INFORMATION AND CONSENT FORM

(Please Print with Black or Blue Ink)

Student Information

Name _____ DOB _____
Last First MI MM/DD/YYYY

Address _____

City _____ State _____ Zip _____

Parent/Guardian Information

Name _____ Relationship _____

Phone: Home _____ Work _____ Cell _____

Name _____ Relationship _____

Student Lives With: Mom Dad Both Parents

Student's Personal Physician: _____ Phone _____

Name of Insurance Carrier _____ Phone _____

Policy/Group Number _____

In The event of an Emergency when a parent/guardian cannot be reached, contact person below:

Name: _____ Phone _____

Address _____

Parent/Guardian Signature _____

To Be Completed By Parent or Guardian (Please sign where full signature is required)

Medical Information

Please List medications your child takes. Include regular medications as well as medications carries in the event of an emergency. (i.e. EpiPen, Asthma Inhalers)

Please List any and all Allergies your child has (include food, medication, insect stings)

Please list any medical conditions or recent surgical procedures that your child may have that would be pertinent to the health and welfare of your child while with the band.

**I hereby give permission to administer minor medical treatment to my child _____
Including giving over-the-counter medications. Please initial beside each medication your
child is allowed to have:**

___ Benadryl ___ Dramamine (Motion Sickness) ___ Imodium ___ Tums

___ Tylenol ___ Advil ___ Aspirin ___ Pepto-Bismol ___ Cough Drops

___ ALL ___ NONE Any OTC medications not listed _____

Date of Last Tetanus Toxoid _____

Signature of Parent/Guardian _____ Date _____

In the event I cannot be reached in an emergency, I hereby give permission for Park Vista Band Staff and/ or Volunteer Medical First-Aid/ Chaperones to dispense the above listed medications that I have checked, or prescription medications that I have properly provided in their original prescribed containers/and or secure proper medical treatment for my child as named above. I hereby grant permission for the supervising Director to act "in loco parentis" in the case of any medical emergencies that arise and if the parent/guardian cannot be contacted.

This document is correct to the best of my knowledge and the student described has permission to engage in all activities unless otherwise noted.

PRIVACY NOTICE TO PARENTS

In order to properly care for your child, selected medical information will be available to chaperones. This form will be placed in a binder and secured by Volunteer Medical First-aid person(s). Minimal information will be available to Chaperones before each band trip. All other information will be kept confidential and will be divulged only on a need-to-know basis.

If you have any questions or concerns, please notify the Band Director.

I have read and understand the Privacy Notice: _____

Signature Parent/Guardian _____ Date _____

Notary Public: _____
My Commission Expires _____
Date _____

Notary Stamp