

Kent City Bands Medical Emergency Information/Health Form/Policies Form

Student Information (please print legibly)

Student's Name: _____
Phone # _____ Cell Phone # _____
Mailing Address: _____
Student's E-mail: _____

Parent/Guardian Information (please print legibly)

Mother/Guardian: _____	Father/Guardian: _____
Home Phone # _____	Home Phone # _____
Work Phone # _____	Work Phone # _____
Cell Phone # _____	Cell Phone # _____
Parent / Guardian E-mail: _____	

Emergency Information:

Person to be notified in an emergency	Phone	
Insurance Information:		

Insured Name	Company	Policy Number
Medical History (past and present problems of importance):		
1. Allergies:		
2. Medication being used (include dosage and frequency):		
3. Any health problems of possible significance:		
4. Any other medical information considered important:		
5. Doctor: _____ Phone # _____		

PLEASE FILL OUT THE BACK OF THIS FORM----->

NON-EMERGENCY TREATMENT PERMISSION

In the event of a non-emergency, medical situation the undersigned hereby grants authority to be exercised at the discretion of the Kent City Music Staff / Music Boosters to administer over the counter medication at the proper, printed dosage to my son/daughter/student.

Student Printed Name _____ Date _____

Parent/Guardian Printed Name _____ Date _____

Parent/Guardian Signature _____ Date _____

PLEASE PUT ALL PRESCRIPTION MEDICINES IN A CLEAR, ZIP-LOCKED BAG. CLEARLY LABEL THE BAG IN PERMANENT MARKER WITH YOUR STUDENTS NAME. THESE ITEMS SHOULD BE KEPT SEPARATE FROM THE LUGGAGE AND WILL BE TURNED INTO OUR NURSE. PLEASE CHECK INHALERS AND EPI-PENS ON AUGUST 1ST SO WE ARE AWARE OF THEM AND THEY WILL BE HANDED RIGHT BACK TO THE STUDENT WHO NEEDS TO CARRY THEM ON THEIR PERSON.

ANY NON-PRESCRIPTION MEDICINES YOUR CHILD MAY NEED SHOULD CAN BE DONATED TO OUR CAMP HEALTH KIT IF SEALED. SIMPLY PURCHASE A BOTTLE, TUBE, OR BOX OF WHATEVER MEDICINE YOU ANTICIPATE YOUR SON OR DAUGHTER NEEDING AND BRING IT TO LUGGAGE CHECK. THIS WILL ENSURE THAN YOUR STUDENT HAS THIS ITEM IF NEEDED AND WILL KEEP THEM FROM VIOLATING THE NON-PRESCRIPTION MEDICATION RULES OF THE KENT CITY BANDS.

Parents and Guardians: Feel free to indicate below over the counter medications you anticipate your student needing while at camp. Many students will be in need of skin cleaning agents, sun burn relief, calamine, acetaminophen, Benadryl, tums, cough drops, etc... Your help in specifying items that your student is used to receiving can help our camp nurse meet the individual needs of your student. This is not required.

Medicine	Symptoms	Dosage
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMERGENCY TREATMENT PERMISSION

In the event of any emergency and we cannot reach the above mentioned people, the undersigned hereby grants authority to be exercised at the discretion of the Kent City Music Staff / Music Boosters to obtain whatever medical assistance and/or treatment that may be necessary for my child, the student named above.

I also grant permission for my child to attend any activities sponsored by the Kent City High School Band.

Parent Signature _____ Date _____

Uniform and Equipment

I will keep my uniform in good condition. If any repairs need to be made, I will advise a music booster. I understand that my uniform, hat and shoes are to be kept in the band room storage area after each performance. If any portion of my uniform is not returned at the end of the year or is returned in an irreparable condition, I understand that I will be required to pay a replacement fee for that piece(s).

During marching season, I also understand that it is my responsibility to attend all performances (competitions, football games, parades, etc.) dressed in proper attire such as ALWAYS wearing black socks, black marching band shoes and white gloves. During concert season, I understand that it is my responsibility to attend all performances dressed in proper attire which includes black socks or black nylons with black shoes and my self-provided concert uniform. In addition, I realize that I am responsible for any equipment I am issued for use and that I may be charged for its loss or damage.

Student Signature

Date

Parent Signature

Date