

# Band Medical Authorization Form 2018-2019 (BRING COMPLETED FORM TO 1<sup>ST</sup> DAY OF CAMP)

Please fill in and return to your director immediately.

Student's Name \_\_\_\_\_

He/she is covered by \_\_\_\_\_ Insurance Company.

Policy number \_\_\_\_\_ in case of an accident or injury

"I hereby give my consent for the above named student to go on school sponsored trips with the band, band directors or representatives. I also give my consent for school employees to secure emergency first aid or medical services for the above named student. I release the Bureson Independent School District and all accompanying school authorities and chaperones from all responsibility pertaining to claims and expenses in the case of accident, injury, or loss of life that might occur. I understand that all reasonable precautions will be taken to insure the safety of my child during this activity."

**As parent/guardian of the above named student consent to the following statements by initialing each:**

\_\_\_\_\_ My child may swim (if swimming is an option), and I have approved the swimsuit.

\_\_\_\_\_ My child may not swim.

\_\_\_\_\_ My child is taking this prescription medication \_\_\_\_\_

\_\_\_\_\_  
*(please print name of medication, milligrams per dose, and frequency of dosage)*

\_\_\_\_\_ My child has my permission to keep, carry, and take all his/her own necessary medications.

\_\_\_\_\_ My child may take these over the counter medications, it necessary: \_\_\_\_\_

## Other Medical Information

(Please print the following information)

Parent or guardian name home address home phone

Parent or guardian name work or business address work or business phone

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
1st Emergency Phone # Person at this phone 2nd Emergency Phone # Person at this phone

Food or drugs which the student is known to be sensitive (allergic) to (sulfa, penicillin, etc.):

Any chronic illness such as diabetes, asthma, or epilepsy: \_\_\_\_\_

List any medications which are taken regularly: \_\_\_\_\_

List any other information below that you feel we should know.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date