



Emergency Contact and Medical Information

Date: _____

Student's Name		Student's Cell Phone	Date of Birth	M	F
_____		_____	_____	Sex	
Parent's/Guardian's Name		Parent's/Guardian's Name			
() _____	() _____	() _____	() _____		
Home Phone	Work Phone	Home Phone	Work Phone		
Address		Address			
_____		_____			
City, ST ZIP Code		City, ST ZIP Code			
_____		_____			

Alternative Emergency Contacts

Primary Emergency Contact		Secondary Emergency Contact			
() _____	() _____	() _____	() _____		
Home Phone	Work Phone	Home Phone	Work Phone		
Address		Address			
_____		_____			
City, ST ZIP Code		City, ST ZIP Code			
_____		_____			

Medical and Other Information

Physician's Name	Phone Number
_____	_____
Insurance Company (please provide a copy of your insurance card)	Policy Number
_____	_____
Allergies/Special Health Considerations (include food, medicine, insect's stings, etc.)	

Medication Information

Please list all medications your child is currently taking. Include regular medications as well as medications that need to be carried in the event of an emergency:

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

Please list any activities that your child cannot participate in

I hereby give permission to the WHS Boosters and the head chaperone 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
_____ Tylenol _____ Advil (Ibuprofen) _____ Aspirin
_____ Pepto-Bismol _____ Tums _____ Sudafed
_____ ALL Any over the counter Medications not listed _____

Please tell us if there is anything else our chaperones should know about your child:

I give permission for my child to go on the _____ field Trip from _____ thru _____. I release WHS IMP and individuals from liability in case of accident during activities related to the _____ field trip, as long as normal safety procedures have been taken.

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency. In the event I cannot be reached in an emergency, I hereby give my permission for WHS IMP Volunteer Medical First Aid/Chaperones to dispense the above listed prescribed medications, which I have properly provided in it's prescribed container and/or secure proper medical treatment for my child as named above

Parent's/Guardian's Signature

Date

PRIVACY NOTICE FOR PARENTS:

In order to properly care for your child, selected medical information will be available to our chaperones. This form will be placed in a binder and secured by volunteer Medical First-Aid person(s). Minimal information will be made available to Chaperones before the event. 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 or Head Chaperone.

I have read and understand the privacy Notice:

Parent/Guardian Signature:

Date:
