

**Greenwood High School Choir Medical Information Sheet**

*Please make sure to fill out both pages of this form.*

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Father's Name \_\_\_\_\_ Emergency Contact # \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Emergency Contact # \_\_\_\_\_

**EMERGENCY NUMBERS, when parents cannot be reached:** (These individuals are aware of this agreement.)

1. Relative/Friend \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
2. Relative/Friend \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

**Health Information**

Please record any current medical information (Include medical conditions (diabetes, etc, restrictions due to health conditions, any food or medication allergies, the need to carry inhaler or Epi pen, etc.).

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

**EMERGENCY PROCEDURE**

**I understand that if my child becomes ill or has an accident during this school sponsored event, an attempt will be made to contact the above listed persons. If none of the above persons can be reached by phone, I hereby authorize school personnel and chaperones to seek whatever medical attention is deemed necessary where it is available at the time. Information on this form may be shared with health care providers, per our discretion, for health and emergency care of your child.**

The above named student, may have:

Tylenol 325-1000 mg every 4 hours as requested  
\_\_\_ Yes                      \_\_\_ No

Ibuprofen 200-400 mg every 4 hours as requested  
\_\_\_ Yes                      \_\_\_ No

Benadryl liquid, capsule, or tablet according to appropriate dosage.  
\_\_\_ Yes                      \_\_\_ No

Tums Antacid as directed  
\_\_\_ Yes                      \_\_\_ No

By checking this box and entering my name below, I am electronically signing this form.

\_\_\_\_\_  
First Name                      M. I.                      Last Name                      Suffix

\_\_\_ / \_\_\_ / \_\_\_\_  
Date (MM/DD/YYYY)

**CURRENT MEDICATION**

List all medication and dosage student is currently taking:

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**Greenwood Choir Department**

*Medication Procedure*

The following is the procedure that needs to be followed for students who need to take medication while they are involved with the Greenwood HS Choir.

1. All students **must** complete the Greenwood High School Choir Medical Information Sheet.
2. Any medicine, Ace bandages, braces, etc. needed by a student must be supplied by the parent of that student.
3. Medication must be in its original container with current label.
4. Medications are not to be shared by students.
5. These rules apply to all prescription medications as well as over the counter medications.
6. Inhalers should be kept with the students at all times.
7. All prescription medicines will be reviewed to determine if they will need to be administered by a staff/parent volunteer.
8. A copy of this medical information may be shared with parent volunteers assisting with the students.

Your eSignature below indicates agreement with this policy.

By checking this box and entering my name below, I am electronically signing this form.

\_\_\_\_\_  
First Name                                      M. I.                                      Last Name                                      Suffix

\_\_\_ / \_\_\_ / \_\_\_\_\_  
Date (MM/DD/YYYY)