

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:

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 the 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)