

Barnwell High School Band

2020/2021 CONSENT FOR MEDICAL TREATMENT – Return to Ms. Reitz

TO WHOM IT MAY CONCERN, I, the undersigned parent or guardian of:

Student (last, first, MI) _____ Student Date of Birth _____

I hereby grant authorization to the Band Director or any chaperone of the Barnwell HS Band Boosters standing in loco parentis, to obtain any emergency medical and/or surgical procedures from a physician or hospital emergency room physician on behalf of the above-named minor.

Signature _____ Date / /

Parent/Guardian Printed Name _____

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GENERAL INFORMATION

Student _____ Cell (____) _____

Address _____

City _____ Zip _____

Father's Name _____ Phone: _____

Father's Email _____

Mother's Name _____ Phone: _____

Mother's Email _____

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ALTERNATE TO NOTIFY IN CASE OF EMERGENCY

Name: _____

Relationship _____ Phone _____

City _____ State _____ Zip _____

FINANCIAL CONSIDERATIONS

For and in consideration of emergency services and goods rendered by or through the attending physician(s), the undersigned hereby guarantees payment in full, immediately upon receipt of the final billing.

SIGNATURE _____ DATE _____

Barnwell High School Band

2020/2021 MEDICAL INFORMATION FORM – Return to Ms. Reitz

STUDENT: _____

Name of parent whose policy student is under: _____

Insurance Carrier: _____

Policy #: _____

PLEASE COMPLETE THE QUESTIONS BELOW. It is imperative that we have accurate medical information in order that we may care for the student in case of emergency.

1. Does the student have any chronic health problems? _____

If yes what? _____

2. Does the student have asthma? _____

If yes, do they carry an inhaler? _____

3. Is the student allergic to any medicines? _____

If yes what? _____

4. Does he/she have any other allergies? _____

If yes what? _____

Does student require an epi-pen for these allergies? _____

5. Is he/she currently taking in medications? _____

If yes what? _____ Dose/How Often? _____

6. What is the date of their last tetanus shot? _____

7. Does your student have trouble with motion/car sickness? _____

8. Please list any other pertinent medical information:

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Family Physician: _____

Telephone and Address: _____

In case of minor illness, the Barnwell High School Band Director or chaperones of the Band Boosters have my permission to give over the counter drugs such as Tylenol, Maalox, Sudafed, Ibuprofen, Aleve or Dramamine to my son / daughter.

YES _____ NO _____