

*** All information will be kept confidential***

Chichester High School Band

Student Trip Health Record & Authorization Form 2008/2009

Student Name _____ Phone (Home) _____
(Cell) _____

Social Security Number _____ E-mail _____

Parent/Guardian _____

Parent/Guardian E-Mail _____ Cell phone # _____
Work phone # _____

Address _____

Physician Name _____ Phone # _____

Emergency Contact Person (if parents can't be reached) _____ Phone _____

I, _____ hereby consent to whatever emergency medical treatment
Parent/Guardian
or procedures may be deemed necessary on behalf of _____ (Student Name) while on these
trips/activities.

Authorization is granted for said emergency treatment and procedures.

Due to new HIPAA laws, I hereby give my permission for medical personnel to talk to the band director
if I cannot be reached.

1. My child has the following health problems: (Write NONE if none applies.) (Allergies, etc.)

If your child has a condition which may require treatment while he/she is with the band i.e. asthma, heart problem
etc., please submit a doctor's note to Mr. Shollenberger outlining symptoms and recommended actions to be taken.
This note will be kept readily available at all band functions.

2. Tylenol may / may not be administered (circle one)

3. My child is currently taking the following medications and does have a supply on hand:
(Write NONE if none applies)

4. My child may not receive the following medications due to resulting reactions:
(Write NONE if none applies)

5. I do carry medical/hospitalization insurance protection on my child as evidenced by the following:

Policy Number _____ Name of Insurance Carrier _____

6. List any other medical information that may be helpful in case of emergency:

The undersigned has read the above authorization and understands the consequences of same.

Date _____ Signed _____ Parent/Guardian)

(OVER – Please complete reverse side!)

Chichester High School Band

I certify that _____ is covered by adequate accident insurance during the period of time he/she will be participating in Band activities of the Chichester School District for the school year 2008-2009.

I also understand that the Chichester School District and the Chichester High School Band Parents Association are hereby released from any responsibility for injuries sustained during activities related to the band functions.

Date

Signature of parent/guardian