

Tamaqua "Raider" Band Medical Form

The health, welfare and safety of each member of the "Raider" Band is very important. Therefore, when illnesses and accidents do occur, securing necessary medical services is the first consideration.

In accordance with school policy, we do not supply or dispense any medications, including over-the-counter (OTC) pain relievers such as Tylenol. We will administer these medications, sent by you (parent or guardian) provided:

- Medication must be in original container with written physician permission.
- Written parental/guardian consent.

If your child uses an inhaler, or has such an allergy that requires an Epinephrine Pen (Epi-pen) please provide:

- Written parental/guardian consent for the child to carry and self-administer medication.
- Written parental/guardian consent for self-administration or trained medical personnel to administer.

General Information

Student's _____ Birthdate _____
Last Name First Initial

Home Address _____ Home Phone _____
Street Town

Mother's Name _____ Work/Cell Phone _____

Father's Name _____ Work/Cell Phone _____

Name of person who has your authority to assume responsibility for your child in the event you cannot be contacted.

1. _____
Name Relationship (Relative, Friend) Phone

2. _____
Name Relationship (Relative, Friend) Phone

Medical Information

Allergies to medication

_____ No _____ Yes If yes, please specify Med. and reaction:

Other allergies

_____ No _____ Yes If yes, please specify type & reaction:

Health problems or physical handicaps. _____ No _____ Yes If yes, please specify:

Does your child take medication on a regular basis? _____ No _____ Yes If yes, please specify:

Date of child's last tetanus shot: _____

Family Doctor (to be used in case of emergency)

Doctor's Phone Number

Health Insurance Information

Plan Name _____ ID # _____ Group # _____

Consent

In case of extreme emergency, where parental consent cannot be obtained, I authorize the "Raider" Band Director, associated advisors or designated chaperones to use the above information and their discretion to act on my behalf and secure the necessary medical services for my child who is a member of the 20____ - 20____ "Raider

Band Parent Signature: _____