**2022-2023** **NICEVILLE HIGH SCHOOL BAND**

# EMERGENCY MEDICAL TREATMENT & CONSENT FORM

**LAST NAME**

Parent's or guardian's medical authorization for students participating in and traveling with the Niceville High School Band. This authorization is good for entire school year, from July **2022** through July **2023** (or graduation).

## Part I—Student's Personal and Family Information

Name _____ Grade Level (Circle) 9,10,11,12

Address _____ Sex M / F

_____ Birth Date _____

Home Phone _____ Other Emergency Phone _____

Father's Name _____ Military? Y / N Cell Phone _____

Mother's Name _____ Military? Y / N Cell Phone _____

Person to call if parents not available: _____ Contact Phone _____

Family Physician _____ Office Phone _____

Medical Insurance Provider _____ Policy Number (or sponsor's SSAN) _____

## Part II—Student's Medical History

| **History of:** | Asthma ----------☐ | Diabetes ----------☐ | Epilepsy ----------☐ | Fainting----------☐ |
|---|---|---|---|---|
| Head Injury ----------☐ | Heart trouble ----------☐ | Hemophilia----------☐ | Kidney trouble --------☐ | Rheumatic Fever ------☐ |
| Allergies Y N | To what? | Epi-Pen? Y N | Glasses----------☐ | Contacts ----------☐ |
| Is the student on a long-term medical program?---------- Y N | | | What Program? | |
| Year of Last Tetanus Booster (if known) | | | Immunizations Current? ---------- Y N | |

Important: On the back, list past surgical history and current medications (prescription and over-the-counter).----------☐

## Part III—Parental Preferences

| **May the student be given the following over-the-counter medications by band staff or chaperones?** | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Tylenol (acetaminophen) ------ | Y | N | Benadryl---------- | Y | N | Pepto Bismol --------- | Y | N | Imodium AD--- | Y | N |
| Advil (ibuprofen) ---------- | Y | N | SudafedPE ----------- | Y | N | Tums/GasX --- ------- | Y | N | Dramamine | Y | N |

***Note**: Any medication brought by the student for administering at a band function must be clearly labeled with the student's name, dosage, and time to be given. Medication will be held by the band director, staff, or designated chaperone during the band function.*

## Part IV—Activity and Treatment Limitations

| | | |
|---|---|---|
| Permission to participate in band overnight trips---------- | Y | N |
| Permission to participate in band water activities ---------- | Y | N |
| Permission for emergency medical treatment of student by EMS personnel, physician, or hospital emergency room staff. (If no, explain below.)---------- | Y | N |
| Limitations of medical treatment beyond those given in Part III: | | |
| | | |
| ***Note**: If the student has any contagious disease, serious illness, or recent accidents, or if any of the above medical information changes, please notify the chaperone or band staff traveling with the band.* | | |

## Part V—Power of Attorney

As parent or guardian, I consent to the medical admission of the student named in Part I and to such general and or acute nursing care, medication, medical diagnostic tests, blood products, and other general care determined to be necessary by the attending physician, except as described in Part IV. This consent applies to the use of emergency life saving procedures should such procedures prove necessary. This consent allows for designated Band Chaperones access to this form for medical needs and administering prescription and OTC medications in circumstances where advanced medical treatment may not be needed.

**Date**

**Signature**

**STATE OF FLORIDA, COUNTY OF OKALOOSA**

This instrument was acknowledged before me this ____day of_____ 20___ (date) by _____ (name), who is personally known to me or who has produced _____ (Type of identification) and who did/did not take an oath.

_____**NOTARY PUBLIC** (SEAL)