

## ***Medication and Emergency Health Form Instructions 2007-2008***

Occasionally, the need arises for Bayside chaperones to provide non-emergency care to the students to deal with the multitude of ailments that are encountered during trips. To be prepared for emergencies, we always carry a large first aid kit on trips, plus smaller first aid kits are available on each bus.

The attached form allows you, the parent or guardian, to give permission to the Band Directors and chaperones to administer normal, over-the-counter, medication to your student if they request it. These forms will be carried with the band to allow us to refer to them when needed and are good for the entire school year.

If you, as a parent or guardian of a student in this program, would like to give permission for an adult to administer one adult dose (per event) of medications listed at your student's request, **please initial each of the items, sign the form and have it notarized.** Please return this form with all other forms in this packet to the Band Room.

This form will also be used in case of an emergency to provide immediate health information until you can be contacted.

If you have any recommendations or concerns over this action, please contact the Directors, Mr. Michael Hudson or Mr. David Jackson. We are only interested in our students' well being.

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**Medication and Emergency Health Form (Please Print)**

**2007-2008**

Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent / Guardian Name \_\_\_\_\_

**NOTARY**

The Directors and Chaperones of Bayside High School Instrumental Music Program are given permission to administer one standard adult dose (per event) of the following over the counter medications to the above named student at the request of the student. I will not hold the individual or school administration responsible for any unforeseen complications arising from this action.

Below are the medications that can be provided to your student. **Please put your initials (no checks or X's) in the Yes or NO column for each medication.** If an item is not initialed, we will assume that we are not to provide that medication to your student. This is to prevent errors due to miscommunication.

Medication Name	YES	NO
Neosporin		
Tums/Roloids		
Imodium		
Cough Drops		
Benadryl		
Sudafed		
Glucose tablets		
Dramamine		
Acetaminophen (Tylenol)		
Ibuprofen (Motrin)		
Aspirin		
Sunscreen		
Insect Repellant		
Band-Aids		
Feminine Products		

**If your child is insured, please attach a copy of both sides of their insurance card.**

**If your child has any of the health conditions below, please check all that apply and give an explanation on the back of this form:**

- |                    |                 |                      |
|--------------------|-----------------|----------------------|
| ALLERGIES          | DIABETES        | HYPOGLYCEMIC         |
| ASTHMA             | HEART CONDITION | CONVULSIVE DISORDERS |
| EYEGASSES/CONTACTS | OTHER _____     |                      |

**Please list any and all medications that your child takes on a regular basis (This includes devices such as nebulizers, inhalers, etc):**

\_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**Please complete and sign below (all students require parent/custodial signature)**

Parent/Custodial Signature \_\_\_\_\_ Date \_\_\_\_\_

**Notary Public**

State of Florida: County of Brevard

The foregoing instrument was acknowledged this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who personally appeared before me and acknowledged that he/she signed the instrument voluntarily for the purpose expressed in it. My commission expires \_\_\_\_\_.

Signed \_\_\_\_\_

\_\_\_\_\_ Personally Known      \_\_\_\_\_ Produced Identification  
 Type Identification \_\_\_\_\_