

THE RIVERDALE HIGH SCHOOL BAND MEDICAL FORM
School Year: 2015-2016

This is the form that will be brought to the emergency room with your child if the need arises. This information will also be used to assist in the care of your child during any Alva School Band events, and is ***CONFIDENTIAL*** to the school personnel caring for your child during these events. **PLEASE FILL IN ALL BLANKS AND PRINT CLEARLY.**

Provide insurance card information in blank area on page 2. We do not need a photocopy of your insurance card.

NAME: _____ INSTRUMENT: _____ GRADE: _____

DATE OF BIRTH: _____ INSURANCE CO. & GROUP #: _____

PARENT/GUARDIAN: _____ HOME #: _____

BUSINESS #: _____

CELL #: _____

CELL #: _____

ADDRESS: _____

FAMILY PHYSICIAN: _____ PHONE #: _____

EMERGENCY CONTACT (used only if unable to reach parent/guardian)

NAME: _____ RELATIONSHIP: _____ PHONE #: _____

NAME: _____ RELATIONSHIP: _____ PHONE #: _____

PLEASE LIST ANY MEDICATION ALLERGIES AND/OR INTOLERANCES:

DOES YOUR CHILD HAVE (OR HAS HAD) ANY OF THE FOLLOWING MEDICAL CONDITIONS:

Asthma _____ Cancer _____ Diabetes _____ Frequent Headaches _____ Seizures _____ ADHD _____

Heart Disease _____ Depression _____ Frequent Stomach Aches _____ Other _____

Surgeries (recent or significant):

PLEASE LIST ANY OTHER ALLERGIES, DESCRIPTION OF REACTION, AND USUAL TREATMENT:

PLEASE LIST CURRENT MEDICATION TAKEN (prescribed and over the counter):

NAME OF MEDICATION DOSE AND FREQUENCY REASON:

DATE OF LAST TETANUS SHOT: _____

As per Lee County School Board Policy, any student currently under a doctor's care for a condition that requires a prescribed medication, must bring with them an adequate supply of the medication in the original container with a copy of the doctor's instructions. The medicine must be turned over to Mr. Golden, and be administered under his supervision. Students are not allowed to carry prescribed medications on their person during a school-sponsored event.

In addition to returning this form to the Band Office, an additional form must be obtained through The Riverdale High School Main Office and filed in the student's personal file.

I hereby certify that, to the best of my knowledge, my child is in good health and has my permission to participate in all The Riverdale High School Band activities, including concerts, festivals, and travel required to get to these events. I give permission for my child to be treated if necessary, and further realize that expenses incurred for treatment that are not covered by my insurance will be the responsibility of myself.

Signature of Parent or Guardian

Date of Signature

**MEDICAL FORMS MUST BE TURNED IN BY THE THIRD WEEK OF SCHOOL.
YOUR CHILD WILL NOT BE ABLE TO RECEIVE ANY MEDICATION WITHOUT A FORM ON FILE.
NOTIFY US IF ANY OF THE ABOVE INFORMATION CHANGES DURING THE SCHOOL YEAR.**

Provide Insurance Card Information Below. We do not need a photocopy of your insurance card.