2019-2020 NICEVILLE HIGH SCHOOL BAND

EMERGENCY MEDICAL TREATMENT & CONSENT FORM

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 2019 through July 2020 (or graduation).

Part I—Student’s Personal and Family Information

Name _______________________________ Sex _______________________
Address ___________________________ M / F _______________________
Home Phone _________________________ Other Emergency Phone _____
Father’s Name _________________________ Military? Y / N ___________
Mother’s Name _________________________ Military? Y / N ___________
Person to call if parents not available: __________________________ Cell Phone ___________
Family Physician _________________________ Contact Phone __________________
Medical Insurance Provider _________________________ Office Phone ___________
Policy Number (or sponsor’s SSAN) ________________________________

Part II—Student’s Medical History

<table>
<thead>
<tr>
<th>History of</th>
<th>Asthma</th>
<th>Diabetes</th>
<th>Epilepsy</th>
<th>Fainting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head Injury</td>
<td>Heart trouble</td>
<td>Hemophilia</td>
<td>Kidney trouble</td>
<td>Rheumatic Fever</td>
</tr>
<tr>
<td>Allergies</td>
<td>Y N</td>
<td>To what?</td>
<td>Epi-Pen?</td>
<td>Y N</td>
</tr>
<tr>
<td>Is the student on a long-term medical program?</td>
<td>Y N</td>
<td>What Program?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year of Last Tetanus Booster (if known)</td>
<td>Immunizations Current?</td>
<td>Y N</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 | Sudafed | 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.

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/had not take an oath.

_____________________________
NOTARY PUBLIC