

**Mohonasen Central School District
Band Medical/Emergency Information Sheet
High School Students Grades 9 – 12**

Student _____ For School Year: 2004-2005* (Need new form completed by parent if any changes during the year)
 Parent/Guardian _____ Phone Home _____ Daytime _____
 Address _____ Cell _____ Beeper _____
 Primary Physician _____ Phone _____
 Insurance Carrier _____ Policy # _____

Emergency Contacts:

Name _____ Phone _____ Relationship _____
 Name _____ Phone _____ Relationship _____

ALL MEDICATIONS WILL NEED A PHYSICIAN WRITTEN ORDER ATTACHED** see back of sheet

Is your child currently on medication? Yes ___ No ___ Allergies (meds/food etc) _____
 Medication _____ Reason _____ Dose/Time _____
 Medication _____ Reason _____ Dose/Time _____
 Medication _____ Reason _____ Dose/Time _____

Will your child need to take any of the above medication during band practices and/or events? Yes ___ No ___

If "Yes" please read and initial **ONLY** the appropriate section/s below pertaining to your child's needs.

****ALL MEDICATIONS WILL NEED PHYSICIAN WRITTEN ORDER ATTACHED****

___ I will provide a **WRITTEN ORDER** for his/her medication (may use back of this form) from a licensed prescriber for **ALL PRESCRIPTION AND NON-PRESCRIPTION MEDICATION** stating the child's name, dose and time to be administered, reason for prescribing and any adverse reactions. **All prescription medication must be in a pharmacy labeled bottle and all non-prescription medication (over the counter) must be in its original unopened manufacturer's container with the student's name affixed to the container.**

___ My child is **self-directed** and is capable and competent to understand and correctly administer the medication (**only if physician order is on file in the nurse's office or attached to this form**) to him/herself each time it is required with the assistance of an appropriate chaperone (parent/guardian, family appointed member, instructed school staff member). **I understand any medication with the exception of asthma inhalers need to be in the possession of the adult chaperone during the field trip.**

___ My child **requires injectable medication** (except Epi-pen) and/or is a **diabetic** and will require parent/guardian/parent designee or a trained glucagon administrator to be in attendance. This also applies to any student that is **not self-directed**.

___ My child is required to have an **Epi-Pen** in his/her possession for a **severe hypersensitivity** and he/she is knowledgeable and capable of when and how to self-inject and will notify the nearest adult to call 911. If necessary, any school staff member responding to the life threatening situation may administer the Epi-Pen covered under the "Good Samaritan Act".

Please include any other medical information/concerns. _____

If in my absence and if I cannot be contacted in the event of a life-threatening medical emergency, I being the parent/legal guardian of the above named minor do hereby give permission for any emergency medical, dental or surgical care to be given. I assume all responsibility for this designation and hold the school district harmless from any liability that may result from this designation.

Parent/Guardian Signature _____ Date _____

School Nurse Signature _____ Date _____

** Please note this form will be kept on file and it is the parent/guardian's responsibility to update any changes to this form (medication, emergency contact numbers etc.) throughout the year.

(may use back of sheet for physician's order)