

OWEN J. ROBERTS "WILDCAT" MARCHING UNIT

HEALTH FORM

STUDENT NAME _____

AGE _____

GRADE _____

ANY CURRENT MEDICAL PROBLEMS--EVEN IF NO MEDICATION TAKEN FOR THE CONDITION AT THIS TIME (ex. asthma, diabetes, heart problems, hyperactivity, attention deficit disorder, seizure disorder, etc...) _____

ANY CURRENT MEDICATIONS (ex. insulin, asthma inhalers, daily medicines, etc...)***VERY IMPORTANT*** PLEASE STATE **NAME OF DRUG, DOSAGE, AND TIMES ADMINISTERED** and send medications in a **CLEARLY LABELED CONTAINER WITH INSTRUCTIONS**

ANY KNOWN ALLERGIES (foods, medicines, insect stings, plants, perfumes, etc...) _____

THERE WILL BE A REGISTERED NURSE ON THIS TRIP. PLEASE CIRCLE THE FOLLOWING MEDICATIONS THAT WE MAY GIVE YOUR SON/DAUGHTER:

HEADACHES & GENERAL COMPLAINTS OF PAIN:

TYLENOL or ADVIL/MOTRIN or ALLEVE

UPSET STOMACH:

PEPTO BISMOL or TUMS or DRAMAMINE or GAS-X or OMEPRAZOLE (prilosec)

ALLERGIES: seasonal or skin

LORATADINE (Claritin) or BENADRYL or HYDROCORTISONE CREAM or SUDAFED

SUNBURN:

LANACAINE SPRAY

EAR-ACHE: (hotel pool) *SWIM-EAR*

Over for Insurance Information.....



IN CASE OF EXTREME EMERGENCY, DO YOU GIVE PERMISSION TO ALLOW FOR EMERGENCY TREATMENT FOR YOUR CHILD? (ex. call ambulance and/or have student taken to hospital?)

YES or NO

IN CASE OF EXTREME EMERGENCY, YOU WILL BE NOTIFIED AS THE SITUATION DEVELOPS. PLEASE STATE HOME AND WORK NUMBERS WHERE YOU CAN BE REACHED DAY AND NIGHT.

HOME: () _____

WORK: () _____

CELL: () _____

() _____

INSURANCE INFORMATION

EACH PARTICIPANT MUST SUPPLY ALL MEDICAL INSURANCE COVERAGE IN CASE OF EMERGENCIES WHEN AWAY FROM HOME.

IMPORTANT PLEASE INCLUDE A COPY OF INSURANCE CARD BOTH FRONT AND BACK AND GIVE TO MR. MENGEL ALONG WITH THIS FORM.

NAME OF INSURANCE
CARRIER _____

POLICY
NUMBER _____

FAMILY PHYSICIAN

NAME:

ADDRESS:

PHONE NUMBER: () _____

PARENT
SIGNATURE: _____
