

IVC BAND STUDENT MEDICAL EMERGENCY FORM

✓ **Please check the following boxes to indicate if there is a known history of:**

<input type="checkbox"/> Allergy to Insect bites/ Stings	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heat Exhaustion	<input type="checkbox"/> Sinus Issues
<input type="checkbox"/> Asthma	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Hypoglycemia	<input type="checkbox"/> Sleepwalking
<input type="checkbox"/> Concussion/head Injury	<input type="checkbox"/> Epilepsy/Seizures	<input type="checkbox"/> Migraines	<input type="checkbox"/>
<input type="checkbox"/> Dietary Allergies/Restriction	<input type="checkbox"/> Fainting	<input type="checkbox"/> Panic/Anxiety Attacks	<input type="checkbox"/>

Please further explain all (listed or unlisted) health or dietary concerns below:

Medications:

Please list below any medication (over the counter and/or prescription) that your child is currently taking.

Medication	Dosage

Allergic Reactions:

Please list below any allergies (food, drugs, environmental) and what kind of reaction your child has had, such as a rash, breathing issues, etc.

Allergy	Reaction

Date of last tetanus shot (very important): _____

Please sign if your student may carry/self-administer their own medications _____

✓ **Please check the following boxes to indicate all medications and dosages that may be given to your child while at any band function:**

<input type="checkbox"/> Antacid/Tums (2-4)	<input type="checkbox"/> Dramamine	<input type="checkbox"/> Midol (1 or 2)
<input type="checkbox"/> Antihistamine	<input type="checkbox"/> Ibuprofen 200mg (1 or 2)	<input type="checkbox"/> Naproxen 220mg (1 or 2)
<input type="checkbox"/> Benadryl 25mg (1 or 2)	<input type="checkbox"/> Imodium	<input type="checkbox"/> Pepto Bismol
<input type="checkbox"/> Cold/Flu/Sinus Medicine	<input type="checkbox"/> Laxative/Stool Softener	<input type="checkbox"/> Tylenol 500mg (1 or 2)

If you do not wish your student to take a certain OTC medication other than the ones listed please list them here:

Parent/Guardian Signature

Student Name

Date

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Name of Student _____
Last First M.

Male / Female Date of Birth ____/____/____ Grade _____

Street Address _____ City _____ Zip _____

Student Email _____ Student Cell Number _____

Parent/Guardian's Name: _____

Day #: _____ Night #: _____ Email: _____

Parent/Guardian's Name: _____

Day #: _____ Night #: _____ Email: _____

Emergency Contact _____ Phone #: _____

Please indicate if you would like notifications/reminders by: Email Text Both

****PLEASE INCLUDE A FRONT AND BACK COPY OF YOUR CURRENT INSURANCE CARD**

Please read the below statement and sign/date the Medical Form*

My student _____ has my permission to receive any emergency treatment, both diagnostic and definitive, which may become necessary during the camp session and authorized band trips for the 2017-2018 school year. This emergency treatment includes but is not limited to the administering of medications listed above. My student has my permission to attend the Illinois Valley Central Marching Grey Ghost summer band camp. I also give permission for my child to participate in other authorized trips involving the band during the 2017-2018 school year. I understand that band camp and travel trips are sponsored and chaperoned by the IVC Band Boosters in cooperation with the band director. I further understand that my student may be sent home, dropped from the IVC Marching Band, or disciplined by the school for not following rules and regulations established by the school and/or the band, not eating and hydrating properly, or not following the instructions of the chaperones, the band director, band staff or camp director. I have read and understand the rules and regulations.

Parent/Guardian Signature: _____

Student Signature: _____
