

Please complete both sides of this document

**2008-2009 HARPETH BAND
EMERGENCY MEDICAL FORM**

2008-09

Student's Name: _____

Student's Address (if not the same as parents) _____

Parents' Name and Address: _____

Parents' Phone: _____

EMERGENCY CONTACT other than parent, name and relationship: _____

EMERGENCY CONTACT'S PHONE NUMBER: _____

Insurance Carrier: _____ Policy #: _____

MEDICAL HISTORY

Allergies: *(this information is vital when assessing and providing care for your child)*

Food: _____

Medications: _____

Environmental/Seasonal: _____

Bee Stings: Yes No Treatment Required: _____

Asthma/Reactive Airway Disease/Recurrent Bronchitis (please specify): _____

Type of inhaler(s) used (specify): _____

Any other treatments required (nebulizer, etc.): _____

Does student have an Epipen? Yes No

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List all medications student takes on a daily basis: _____

Diabetes	Y	N	HIV and/or AIDS	Y	N
Hypoglycemia	Y	N	Immunosuppressive medication	Y	N
Heart Disease	Y	N	(Prednisone)		
Epilepsy or Seizures	Y	N	Hypertension or Hypotension	Y	N
Heat Exhaustion	Y	N	History of Concussion	Y	N
Wears Contact Lenses	Y	N	Sickle Cell	Y	N
Capped or False Teeth	Y	N	Hemophilia	Y	N

Operations or serious illness: _____

Organs or tissue removed: _____
(Appendix, eye, kidney, spleen, tonsils, limbs, etc.)

Other significant medical problems that should be communicated to medical personnel in the event of an emergency: _____

Date of last tetanus booster: _____ Today's Date: _____

Student's Physician: _____ Phone: _____

PERMISSION TO ADMINISTER MEDICATION

My child may be given acetaminophen (Tylenol), ibuprofen (Advil, Motrin, Nuprin), Tums, Roloids, Pepto-Bismol, Benadryl, Actifed, or Midol by any adult representing the Harpeth Band at the request of my child. ***(Please mark through and initial any medicine you do NOT give permission to administer)***

MEDICAL RELEASE

In case of serious accident or illness, I authorize school personnel and/or any adult acting on behalf of the school (collectively referred to as the "School") in the capacity of a chaperone, to take emergency medical measures to care for my child. I request that the School contact me. If the School cannot reach me, I authorize the School to call my child's physician indicated on this form and follow his/her instructions. If the physician is not available, I authorize the school to take my child to the nearest emergency room.

Parent/Guardian Signature: _____ Date: _____

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