

Medical Alert: _____

Stevenson Marching Band: Medical and Allergy Information Form - 2023

Printed Camper Name: _____ Date of Birth: _____

Printed Parent/Guardian Name: _____ Phone Number: _____

Name and city of camper's regular physician Physician's Phone Number

Health Insurance Carrier Enrollee ID / Policy Number Group Number Birthdate of card holder

The camper is not covered by medical insurance

Prescription Medications / Regularly Taken OTC Meds

| MEDICATION | DOSAGE | FREQUENCY | CONDITION / Special Notes and Instructions |
|------------|--------|-----------|--|
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The camper does not take prescribed medicines | *Need to list more? Attach a separate sheet*

Note: Campers are responsible for administering their prescriptions to themselves during band camp

If needed for acute needs, OTC meds administered by camp HCO (per manufacturer's instructions)

| MEDICATION | ALLOWED Yes / No | RESTRICTIONS | CONDITION / Special Notes and Instructions |
|--|------------------|--------------|--|
| Acetaminophen (eg Tylenol) | | | |
| Ibuprofen (eg Motrin/Advil) | | | |
| Cough syrup / cough drops | | | |
| Diphenhydramine (eg Benedryl) | | | |
| Antacid / Rantadine (eg Tums, etc) | | | |
| Antidiarrheal | | | |
| Topical anti-itch (calamine, hydrocortisone) | | | |
| First aid creams/powders, sunburn relief | | | |
| Sunscreen | | | |
| Insect Repellent | | | |
| List any meds that should NOT be taken: | | | |

Note: Campers that regularly take over-the-counter medications are responsible to bring their own and self-administer

Allergies

| ALLERGIES | CONDITION / Special Notes and Instructions |
|-----------|--|
| | |
| | |
| | |

The camper does not have any known allergies | *Need to list more? Attach a separate sheet*

If an allergy or condition requires an EpiPen or inhaler, is a second device available? YES NO

If known, date of camper's most recent tetanus shot: _____

List any medical or behavioral concerns you would like the camp Health Care Officer to know about and how they are handled. Examples: recent surgeries, acute or chronic medical conditions, or physical conditions that limit activities:

My child has permission to engage in all prescribed camp activities, except as noted by me or an examining physician.

I understand that in the event of an illness or accident involving my student (other than those of a minor or routine nature) every reasonable effort will be made to contact a parent or legal guardian to consult with them concerning proposed treatment by professional medical personnel. However, should representatives of the Band be unsuccessful in reaching me during an emergency, I hereby give consent for a qualified physician to perform medical and/or surgical procedures deemed necessary to the welfare of the student. Further, this authorization permits said physician to hospitalize, secure appropriate consultation, order injections, anesthesia (local, general, or both) or surgery for said student if emergency conditions warrant. The undersigned does hereby assume and agree to pay any indebtedness or physician's or surgeon's fees and hospital charges for such service.

- If my child uses an EpiPen and/or inhaler, I understand and will help reinforce that these devices will be in the student's possession at all times for the entire duration of both home and away camps.
- The HCO would like to have any extra/secondary EpiPens and inhalers in their possession for the duration of away band camp. These items will be returned prior to arriving at Stevenson.

The information submitted herein is truthful to the best of my knowledge. Further, in consideration of my/my child's participation in a Utica Community Schools (UCS) sponsored Marching Band, I/we do hereby agree, understand, appreciate, and acknowledge that participation in such marching band is purely voluntary; that such activities involve physical exertion and contact and that there is inherent risk of personal injury associated with participation in such activities, which risk I/we assume; and that I/we agree to, and hereby waive any and all claims, suits, losses, actions, or causes of action against UCS, its members, officers, representatives, committee members, employees, agents, attorneys, insurers, volunteers, and affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or otherwise, during or arising in any way from my/my child's participation. I/we understand that I am/we are expected to adhere firmly to all established policies of UCS and Stevenson High School. I/we hereby give my consent for the above student to engage in marching band and for the disclosure to UCS of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for marching band. My child has my permission to accompany the marching band as a member on its out-of-town trips.

I understand that Utica Community Schools, the Stevenson Band Booster Club and their representatives shall not be, nor later become, liable or responsible in any way in conjunction with services, for any death, injury, damage, delay or irregularity which may occur while participating in this activity.

I fully understand that I am giving permission for a Stevenson Instrumental Music Program representative to give my child the medications as listed on this form and any attached sheets should the need arise. I have listed all known allergies and medications that my child cannot take.

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Note: If completing this form on a computer, your typed name is the legal equivalent of a hand-written signature