

**Emergency Medical Information
Kingwood High School Band**

Student's Name: _____ DOB: _____ Gender: _____ Grade: _____

Allergies: _____

Home Address: _____

City, Zip: _____ Home Phone: _____

Parent/Guardian 1 Name: _____ Cell Phone: _____

Parent/Guardian 1 Employer: _____ Work Phone: _____

Parent/Guardian 2 Name: _____ Cell Phone: _____

Parent/Guardian 2 Employer: _____ Work Phone: _____

Over-the-Counter Medications

Do you give chaperones/directors permission to give your student the following?

Please initial the appropriate box.

Medication:	Yes	No
Acetaminophen (Tylenol)- 200mg (2 tablets max)		
Ibuprofen (Advil)- 200mg (2 tablets max)		
Hydrocortisone Cream		
Tums- (2-3 tablets max)		
Cough Drops- (2-3 cough drops max)		
Claritin/Zyrtec -10mg (1 tablet max)		

I give my consent for the above named student to participate in District approved extracurricular activities and attend school related trips with the sponsor or representative of the school.

I grant permission to the school district employees or its representatives to secure medical services for the above named student as necessary.

Guardian Signature: _____ Date: _____

Please turn to the back to fill out more information!

Health Conditions

Does your child have any of the following health conditions which may require medications and/or treatments be given while off campus? (Please circle)

None Life Threatening Allergy Asthma Diabetes Seizure Disorder

Other _____

If your child requires medications and/or treatments while traveling with the band, please complete the following (Please circle):

1) Does your student have permission with the school to carry their medication?

Yes No

2) Can the medication/treatment be delayed until the student's return to the campus?

Yes No

3) If not, do you give permission for your child's medication/treatment to be given by a designated staff member?

Yes No

Please give _____ (Student's Name) the following medication/treatment:

Name of Medication/Treatment: _____

Dose: _____

Guardian Signature: _____ Date: _____