

Date of last tetanus shot:

Medical Alert _____ / NONE

Medical and Allergy Information Form – Due June 1, 2017

Student Medical Information – please print legibly

Student Name (First, Last)

Date of Birth

Address

City

Zip

(____) _____
Home Phone

Physician's Name & Address

(____) _____
Physician Phone Number

Health Insurance Policy Name & Number: _____

Birthdate of insurance card holder: _____



IMPORTANT: A photocopy (front and back) of the insurance card that your student is covered under must be included as a separate page.

My son/daughter takes the following medication(s): None:

Type: _____ Dose: _____ Frequency: _____.

Type: _____ Dose: _____ Frequency: _____.

Type: _____ Dose: _____ Frequency: _____.

Type: _____ Dose: _____ Frequency: _____.

My son/daughter has the following allergy/allergies: None:

Type: _____

Type: _____

Type: _____

Attach a separate sheet with additional medication and allergy information, if required.

List any medicine(s) your student **should not** take: _____

List any special dietary needs: _____

TURN OVER →

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List any other medical or behavioral concerns you would like Camp medical personnel to know about and how they are handled. Examples: recent surgeries, acute or chronic medical conditions, or physical conditions that limit activities:

Please read carefully:

1. Students are not allowed to have medication with them at camp, prescribed or over-the-counter. All medications must be given to the chaperones to dispense at camp. The exceptions to this are respiratory inhalers and epinephrine pens. Failure to follow this policy may result in the student being sent home at the parent's expense along with other disciplinary action, up to and including expulsion, consistent with adopted Board of Education policy(s). **PLEASE TURN IN A 2nd INHALER OR EPI-PEN FOR EMERGENCY USE FOR YOUR STUDENT.**
2. If your student takes any prescription medications they must be listed on this form AND be in their original container with the student's name; drug name, dosage and frequency on the label. Information must match.
3. Over-the-counter medications such as, but not limited to, Tylenol, Tylenol Sinus, ibuprofen, Benadryl, Neosporin, and Tums, will be available as needed and dispensed by the chaperones.
4. If you would like your student to have their own over-the-counter medications at camp, they must be in their original container. Write your student's name on the container along with the dose they usually take. They will be kept by the chaperones in the nurse's station to dispense as needed/requested.
5. All medications are to be placed in a zip lock bag with the student's name written on the bag and brought to Stevenson prior to the end of home camp on Friday, August 11, 2017.

I fully understand that I am giving permission for a Stevenson Instrumental Music Program representative to give my child the prescribed medications as listed on this form and any attached sheets (if any) and over-the-counter medication should the need arise. I have listed all known allergies and medications that my child cannot take. I understand that all prescription and over-the-counter medications (with the exception of epi-pens and respiratory inhalers) must be checked in with Band Camp chaperones and that students are not allowed to store them while at camp.

Parent / Legal Guardian name Parent / Legal Guardian signature Relationship to student Date

Student name Student signature Date

Mail to: Mike Austerman 2804 Arrowwood Court Sterling Heights, MI 48314 OR place in the band room blue box.