

Stevenson Marching Band: REQUIRED Medical and Allergy Information Form - 2018

- The form is due **no later than Tuesday June 5, 2018**. Your child will not be permitted to attend away band camp unless the form has been completed to the satisfaction of the camp Health Care Officer (HCO) following guidelines established by Utica Community Schools (UCS) and the laws of the State of Michigan for students attending a licensed children's camp.
- The information you provide on this form is the primary method the camp HCO and other medical personnel receive information about the medical needs of your child should they require medical care while they are away from you. Take care to fill this form out legibly, accurately and completely.
- **Complete ALL sections of the form. If there are areas that do not apply to your student, confirm that these areas are intentionally left blank.** Form is to be completed by a parent or other legal guardian.
- **A legible photocopy of the FRONT & BACK of the medical insurance card the student is covered under must be included as a separate page.** Military ID cards may be substituted, if appropriate. The birthdate of the insurance card holder is required information should your child be taken to a hospital, urgent care, or clinic. You may be contacted to obtain the card holder's Social Security number by the health care facility.
- Should you not have medical insurance and/or a medical insurance card:
 - Provide a photo copy of the front and back of your driver's license
 - Include a statement that is addressed to "Health Care Provider" explaining that you are either self-insured or not insured but accept financial responsibility for medical care that is provided to your student. Sign and date this statement and return it in place of the copy of the insurance card.
- **Students are not allowed to have medication with them at camp, prescribed or over-the-counter** (insect repellent and sunscreen are okay). While at camp, **all** medications must be in the possession of the HCO. **All** medications are dispensed under the supervision of the HCO as needed/requested.
- The exceptions to this rule are respiratory inhalers, epinephrine pens, and insulin. There will be medicine check-in times provided during the week of home camp, August 6 – 10, 2018.
- **IMPORTANT: If your child uses an inhaler and/or Epi-pen, turn in a second one to the HCO to be stored and used in the event of an emergency such as a malfunctioning or lost item.**
- Failure to follow the storage of medication policy above 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 UCS Board of Education policy(s).
- All medications to be taken by the student at camp on a regular basis - following either doctor's orders or by parent request for items such as over-the-counter (OTC) allergy medications - must be listed on the form AND be in their original container with the student's name; drug name, dosage and frequency on the label. Information on the form and all prescription labels must match exactly (type of medicine, dosage, frequency, etc.)
- If your child routinely takes OTC medications (eg, for seasonal allergies, headaches, and/or aches & pains), **it is your responsibility to purchase and check these items in** prior to camp for your child to use.
- A limited amount and variety of over-the-counter medications will be available and dispensed under the guidance of the HCO for campers that develop an unplanned need for them during camp.
- For check-in, all medications are to be placed in a zip lock bag with the student's name written on the outside. Bring them to Stevenson prior to the end of home camp on Friday, August 10, 2018. Details will be provided on specific times when the HCO will be available for consultation and medicine check-in.
- If you need extra space for any of the sections of this form, attach as many extra sheets as required
- Updates to the form may be made prior to camp by contacting the Health Care Officer.

Medical Alert: _____ / NONE

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Printed Student Name: _____ Date of Birth: _____

Printed Parent/Guardian Name: _____ Phone Number: _____

Name and city of child's regular physician () Physician's Phone Number

Health Insurance Carrier Enrollee ID / Policy Number Group Number Birthdate of 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 is not covered by medical insurance

Prescription Medications / Regularly Taken OTC Meds

MEDICATION	DOSAGE	FREQUENCY	CONDITION / Special Notes and Instructions

My son / daughter does not take prescribed medicines | *Need to list more? Attach a separate sheet*

If needed, OTC meds administered by camp HCO per manufacturer's instructions

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

Allergies / Dietary Restrictions

ALLERGY and/or DIETARY RESTRICTION/REQUEST	CONDITION / Special Notes and Instructions

My son / daughter does not have allergies or dietary restrictions | *Need to list more? Attach a separate sheet*

GENERAL QUESTIONS	Y	N
Has a doctor ever denied or restricted your participation in sports or band for any reason?		
Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> Other: _____		
Have you ever spent the night in the hospital or have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT THE STUDENT	Y	N
Have you ever passed out or nearly passed out DURING or AFTER exercise?		
Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
Does your heart ever race or skip beats (irregular beats) during exercise?		
Has a doctor ever told you that you have any heart problems? Check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart murmur <input type="checkbox"/> Heart infection <input type="checkbox"/> High cholesterol <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other: _____		
Has a doctor ordered a test for your heart? (example, ECG/EKG, echocardiogram)		
Do you get lightheaded or feel more short of breath than expected during exercise?		
Do you have a history of seizure disorder or had an unexplained seizure?		
Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT THE STUDENT'S FAMILY	Y	N
Has anyone in your family had unexplained fainting, unexplained seizures or near drowning?		
Does anyone in your family have a heart problem, pacemaker or implanted defibrillator?		
Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident or sudden infant death)		
Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia?		
BONE AND JOINT QUESTIONS	Y	N
Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a		
Have you ever had any broken or fractured bones, dislocated joints or stress fracture?		
Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or		
Do you regularly use a brace, orthotics or other assistive device?		
Do you have a bone, muscle or joint injury that bothers you?		
Do any of your joints become painful, swollen, feel warm or look red?		
Do you have any history of juvenile arthritis or connective tissue disease?		
Have you ever had an x-ray for neck instability or atlantoaxial instability (Down syndrome or		

IMMUNIZATION HISTORY	Y	N
Are you missing any recommended vaccines?		
MEDICAL QUESTIONS	Y	N
Do you cough, wheeze or have difficulty breathing during or after exercise?		
Have you ever used an inhaler or taken asthma medicine?		
Is there anyone in your family who has asthma?		
Were you born without, or missing a kidney, eye, testicle (males), spleen or any other organ?		
Do you have groin pain or a painful bulge or hernia in the groin area?		
Have you had infectious mononucleosis (mono) within the last month?		
Do you have any rashes, pressure sores or other skin problems?		
Have you had a herpes or MRSA skin infection?		
Do you have headaches or get frequent muscle cramps when exercising?		
Have you ever become ill while exercising in the heat?		
Do you or someone in your family have sickle cell trait or disease?		
Have you had any problems with your eyes or vision or any eye injuries?		
Do you wear glasses or contact lenses?		
Do you wear protective eyewear such as goggles or a face shield?		
Do you have any allergies?		
Have you ever had a head injury or concussion?		
Do you have any concerns that you would like to discuss with a doctor?		
Have you ever received a blow to the head that caused confusion, prolonged headache or memory problems?		
Have you ever had numbness, tingling, weakness or inability to move your arms or legs after being hit or falling?		
Have you ever had an eating disorder?		
Do you worry about your weight?		
Are you trying to or has anyone recommended that you gain or lose weight?		
Are you on a special diet or do you avoid certain types of foods?		
FEMALES ONLY	Y	N
Have you ever had a menstrual period?		
How old were you when you had your first menstrual period?		
How many periods have you had in the last 12 months?		

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:

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 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 the Health Care Officer and that students are not allowed to store them at camp.

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____