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MEDICAL INFORMATION RELEASE FORM FOR MUSIC PROGRAM ACTIVITIES
This form is for the school year 2009-2010

This form MUST be completed and signed by the student's parent/guardian. The form gives parental consent for any staff/chaperone approved by the Band Directors to secure emergency services (medical, dental, paramedic, ambulance) for the student at parent/guardian expense. Efforts will be made to contact the parent/guardian prior to treatment or hospitalization.

PLEASE FILL OUT COMPLETELY, SIGN AND RETURN

Student name	Grade	Birth date	Male [ ] Female [ ]
Parent/Guardian name			
Mailing Address	City	Zip	
Home Phone	Work or Daytime Phone		
EMERGENCY CONTACTS (INCLUDE RELATIONSHIP TO STUDENT)			
First Person to Contact	Relationship to Student	Phone	
Second Person to Contact	Relationship to Student	Phone	

HEALTH INFORMATION

Information helpful to a physician in case of emergency and information band staff chaperones need to be aware of for the student's safety. Updated information shall be provided by the parent/guardian.

Insurance Company ________________________ Policy number _________________ Primary Physician _____________________

MEDICAL PROBLEMS (I.E., DIABETES, ASTHMA, SEIZURES): ____
USUAL SYMPTOMS: ____
CARE OR MEDICATION NEEDED: ____

ALLERGIES (I.E., FOOD, BEESTINGS, MEDICATION): ____
USUAL SYMPTOMS: ____
CARE OR MEDICATION NEEDED: ____

CURRENTLY UNDER MEDICAL CARE? (EXPLAIN): ____

OTHER FACTORS THAT MAY AFFECT THE CARE OF YOUR STUDENT? (BE SPECIFIC): ______________________
____

MEDICATION: IF PRESCRIPTION OR NON-PRESCRIPTION MEDICATION IS NECESSARY A PARENT AND PHYSICIAN AUTHORIZATION MUST BE COMPLETED. SEE "AUTHORIZATION FOR MEDICATION ADMINISTRATION" ON REVERSE SIDE/NEXT PAGE.

I UNDERSTAND THAT BY SIGNING THIS FORM:

1. I give permission for my son/daughter to participate in (name of activity) _______________________________________
2. I give permission for staff/chaperones to provide first aid care and secure emergency care at my expense, if needed.
3. I release the Poway Unified School District, its officers, employees, agents or (name of school) _________________________ and its chaperones from any and all liability, loss, expense or claim for illness, injury, or damages that may arise from participation in the (name of program) ____ or any associate activity. Further I understand that the District does not provide accident/medical insurance for students and that I am expected to provide such insurance coverage.

____ ______________________________

SIGNATURE OF PARENT/GUARDIAN DATE

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AUTHORIZATION FOR MEDICATION ADMINISTRATION

I, the undersigned, as legal parent/guardian of (student's name) ____________________________ (birthdate) _______________ Attending (school name) _____________________________________ request that the following medication(s) be made available to my student at the time prescribed:

NAME OF MEDICATION	METHOD OF ADMINSTRATION	DOSAGE	TIME

I understand that staff/chaperones may assist my student in taking the medicine(s) as directed by my physician. I will provide the medicine(s) in the prescription container(s) labeled with the name of my student, the prescribing physician's name, and the time and dosage of medication prescribed.

Prescription and non-prescription medications are permitted only with a written statement from the physician and parent/guardian indicating desire that the District assist the student as set forth by the physician.

ADDITIONAL
RECOMMENDATIONS:____

____

____ ______ ____
SIGNATURE OF CALIFORNIA LICENSED PHYSICIAN DATE CALIFORNIA MEDICAL LICENSE NUMBER

____ ____
PRINT NAME OF CALIFORNIA LICENSED PHYSICIAN PHYSICIAN ADDRESS PHONE

I agree to hold harmless and indemnify the Poway Unified School District, its officers, employees, agents or (school name) ______________________________ and its chaperones from any and all liability, loss, expense or claims for illness, injury, or damage any student may incur from medication assistance.

____ ____
SIGNATURE OF PARENT/GUARDIAN DATE ADDRESS

____ ____
PRINTED NAME OF PARENT/GUARDIAN PHONE

MT. CARMEL TRIP PERMISSION

SCHOOL RULES ARE IN EFFECT FOR ALL SCHOOL SPONSORED ACTIVITIES