



Catamount Band

Dalton High School

1500 Manly St. Dalton, GA 30720 (706) 876-4800

Medical Form

Student's Full Name: _____ Instrument/Section _____

Grade (2018-2019): _____ Date of Birth: (Month/Day/Year): ____/____/____

Insurance Company *: _____

Insurance Group: _____ Insurance Policy Number: _____

****Please provide a copy of the front and back of your insurance, Medicaid, Peachcare, etc, card****

Student's or Family's Physician/Clinic: _____ Phone: _____

Date of Last Tetanus Shot: _____

ALLERGIES:

1. Does student have allergies to specific foods? (*e.g. peanuts or other nuts, shellfish, eggs, etc.*)

☐ Yes ☐ No

If yes, please list and describe symptoms when exposed.

Does your student require the use of an EpiPen/Auto Injector?

2. Does student have allergies to medication(s)? If yes, please list name of medication(s):

3. Please list any other allergies, description of reactions, and usual treatments:

OTHER MEDICAL CONDITIONS:

1. Does student have (or has had) any of the following medical conditions:

☐ Yes ☐ No Asthma ☐ Yes ☐ No Frequent headaches

☐ Yes ☐ No Diabetes ☐ Yes ☐ No Migraines

☐ Yes ☐ No Seizures ☐ Yes ☐ No Stomach problems

☐ Yes ☐ No ADHD ☐ Yes ☐ No Cancer

☐ Yes ☐ No Heart Problems ☐ Yes ☐ No Other _____

(Continue on Back)

2. Is student currently under medical care? If yes, for what condition or illness and what is the treatment? _____

3. Recent or significant surgeries student has had: _____

MEDICATIONS

1. Does student carry any medication with them? If Yes, name of medication _____
_____ Purpose _____
2. Please list current medications taken by student (prescribed and Over-the-Counter):

[NOTE: ALL MEDICATIONS MUST BE IN THE ORIGINAL CONTAINER and turned in to the Band Camp Coordinator on the first day of Band Camp or to the Lead Chaperone (*before a band trip*).]

Medication	Dosage	Frequency/Time Taken	Reason

3. Please check which medications the student may receive from a chaperone for minor discomforts during a band function:

- | | |
|--|---|
| <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Robitussin |
| <input type="checkbox"/> Ibuprofen (Advil) | <input type="checkbox"/> Cough drops |
| <input type="checkbox"/> Chewable Antacid (Tums) | <input type="checkbox"/> Benadryl Cream |
| <input type="checkbox"/> Pepto Bismol | <input type="checkbox"/> Neosporin Ointment |
| <input type="checkbox"/> Benadryl | |

Any special instructions:

RELEASE

I, the undersigned, hereby release and agree to hold harmless Dalton Public Schools staff and chaperones for the administration or non-administration of the above described medication(s) to my child during band activities, both at the school and on band-related functions away from the school, in accordance with the above instructions.

Signature of parent or legal guardian

Date