

LIONS OF MICHIGAN ALL-STATE BAND MEDICAL FORM

(This information will be kept confidential)

STUDENT'S NAME _____ NICKNAME _____ SEX _____ BIRTHDATE _____
 ADDRESS _____ CITY _____ ZIP _____ PHONE _____
 PARENT/GUARDIAN _____ WORK PHONE _____ CELL _____
 EMERGENCY CONTACT (other than parent) _____ PHONE _____
 PHYSICIAN _____ PHONE _____ INSURANCE CO. _____

Note: Please attach copy of Health Insurance information. Each band member must secure and provide written proof of hospital and medical insurance for the duration of the LMASB experience.

***ALLERGIES TO MEDICATION NO ___ YES ___ LIST _____
 ENVIRONMENTAL NO ___ YES ___ LIST _____
 FOOD ALLERGY NO ___ YES ___ LIST _____

***MEDICATIONS --- ALL MEDICATIONS (PRESCRIPTION AND OVER THE COUNTER) MUST BE GIVEN TO THE MEDICAL TEAM AT BAND CAMP CHECK-IN FOR DISPENSING AT THE DESIGNATED TIMES. (EXCEPTIONS ARE INHALERS AND EPI-PENS—PLEASE SEE MEDICAL TEAM.) MEDICATION MUST BE SENT IN THEIR ORIGINAL CONTAINERS AND LABELED FOR THIS STUDENT. STUDENTS ARE RESPONSIBLE FOR REPORTING TO THE MEDICAL TEAM FOR MEDS AT THE APPROPRIATE TIMES.

MEDS & INHALERS	DOSE	BRKF	LUNCH	SUPPER	BED	OTHER	AS NEEDED	REASON FOR MED

NOTE--THE MEDICAL TEAM STOCKS THE FOLLOWING MEDICATIONS. PLEASE DO NOT SEND ADDITIONAL AMOUNTS:

ACETAMINOPHEN (TYLENOL)	HYDROCORTISONE CREAM	IMODIUM (ANTI DIARRHEA)
ANTACID	DECONGESTANT	SINUS TABS
ANTIBIOTIC OINTMENT	DIPHENHYDRAMINE (BENADRYL)	MOTION SICKNESS MED
COUGH SUPPRESSANT	LAXATIVE	LOZENGES
TYNOL/ IBUPROFEN		

CHECK ONE: ___ IT IS OK TO GIVE MY CHILD THESE MEDS IF INDICATED
 ___ IT IS OK TO USE THSE MEDICATIONS EXCEPT _____

Will you allow a doctor to treat your child if taken to a medical facility by band staff? _____

PLEASE ATTACH A COPY OF YOUR CHILD'S IMMUNIZATION RECORD. Date of last Tetanus _____

Does your student have any of the following conditions?

_____ Asthma/Wheezing	_____ Skin rash	_____ ADHD
_____ Convulsions/Seizures	_____ Freq. sore throat	_____ High Blood Pressure
_____ Heart trouble/Murmur	_____ Freq ear aches	_____ Motion Sickness
_____ Diabetes	_____ Depression	_____ Panic attacks
_____ Other _____		

We (student and parent/guardian) have read the medical information above. We agree it is correct and accurate, and further authorize the band's medical team to act in our behalf in an emergency situation.

 (Student's signature) (Date)

 (Parent/guardian signature) (Date)