

MEDICAL INFORMATION & RELEASE FORM

STUDENT NAME _____ DATE OF BIRTH _____

MOTHER/GUARDIAN NAME _____

FATHER/GUARDIAN NAME _____

CONTACT PHONE NUMBERS HOME _____

WORK _____

WORK _____

CELL _____

CELL _____

MEDICAL HISTORY WE NEED TO BE AWARE OF _____

MEDICATION INFORMATION

Students may be allowed to keep medications they take on a routine basis if the parent gives permission to do so. If the parent would rather one of the teachers or chaperones keep the medication, we will do that also. If **ANY** of the medications are a controlled substance or anything questionable, then we will require that it be kept with an adult. Any medications that are sent with the students need to be in an original container with the dosage clearly marked. Please indicate below any medications your child will be bringing and who will be responsible for keeping it. We will also have a "medicine kit" with Tylenol, Advil, etc. Please indicate if you give us permission to administer those medications if needed.

MEDICATION AND DOSAGE _____

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_____ I give permission for my child to keep their medication with them and be responsible for taking it as directed by the physician or parent.

_____ I want a teacher/chaperone to keep my child's medication and administer it when necessary.

PLEASE CHECK BELOW IF YOU GIVE PERMISSION FOR US TO ADMINISTER THESE MEDICATIONS AS NEEDED FOR HEADACHE, ETC.

TYLENOL YES _____ NO _____

IBUPROFEN YES _____ NO _____

NEOSPORIN/BANDAID YES _____ NO _____

OTHER MINOR MEDICATION/TREATMENT AS NEEDED

YES _____ NO _____

IN CASE OF AN INJURY/ILLNESS THAT WOULD REQUIRE MEDICAL ATTENTION WE WILL TREAT THE STUDENT FIRST, THEN CALL PARENTS AS SOON AS THE STUDENT IS TAKEN CARE OF. PLEASE SIGN BELOW IF YOU GIVE PERMISSION FOR OHS TEACHERS OR A DESIGNATED PARENT CHAPERONE TO TAKE THE STUDENT TO THE NEAREST MEDICAL FACILITY FOR TREATMENT.

***PARENT SIGNATURE _____
DATE _____

INSURANCE INFORMATION

PLEASE SEND A COPY OF YOUR INSURANCE CARD WITH THIS SIGNED INFORMATION. IF YOU WOULD RATHER SEND THE CARD ITSELF, THE STUDENT CAN GIVE IT TO THEIR TEACHER TO KEEP THROUGHOUT THE DURATION OF THE TRIP.

_____ I DO NOT HAVE ANY MEDICAL INSURANCE FOR MY CHILD AND WILL BE PERSONALLY RESPONSIBLE FOR ANY MEDICAL CHARGES THAT TAKE PLACE BECAUSE OF ILLNESS OR INJURY OF MY CHILD.

PARENT SIGNATURE _____

Permitting my child to attend the Ola High School band trip to Hollywood is a voluntary act on my part as parent/guardian of _____. I hereby agree to indemnify and hold harmless Ola High School, Henry County Schools, OHS teachers, chaperones and other adults on the trip against any claim for damages, compensation or injury on the part of my child and to reimburse or make good any loss, damages or costs that Ola High School, Henry County Schools, OHS teachers or chaperones may incur due to injury or activity related to my child

****Parent/Guardian Signature _____
DATE _____

Parent/Guardian MUST sign both places marked with stars (***). If you have no medical insurance, you must sign the place that indicates that also, Thank you for you attention to this information. We want to make sure all students are safe and well taken care of and this will make it possible for us to do that.