

**WOODLAND HILLS HIGH SCHOOL BAND
HEALTH RECORD FOR BAND TRIP:
(Please write any special needs on Back of Form)**

Name _____ Grade _____

Date of birth _____ Male or female _____

Home Address and phone number _____

Parent/guardian name _____

Please list all emergency phone numbers including: Home _____

Work _____ Cell phone/pager _____

Emergency contact person if parent is unavailable _____

Their phone numbers: Home _____ Cell _____

Does your child have any allergies? _____. Please list _____

Does your child have any type of current medical condition? If your child has a current medical condition, will they need daily monitoring (ie: daily blood sugars)? Please be specific:

Is your child taking any medication at this time? If so, please list name, dosage, and frequency of the medication.

If your child takes daily medication, will they be responsible for taking it themselves? _____

All medication that your child brings with them on the trip must be in its original, properly labeled prescription bottle.

Insurance Information (must be completely filled out)

A copy of the front and back of the insurance card must be submitted in addition to this information

Insurance Company _____ Phone _____

Name of Subscriber _____

Subscriber's Date of birth _____ Employer _____

Subscriber ID number _____ group # _____

To ensure the comfort and wellness of your child I will be dispensing the following medications as needed: Motrin (Ibuprofen), Tylenol, Tums, Zantac (for severe stomach upset), Tylenol Cold (over the counter medication) and Imodium (for diarrhea). If for any reason your child is not to have any of the above medication please indicate which ones here. _____

I give permission for my child _____ to take either their prescribed medication and/or the over the counter medications mentioned above and/or emergency treatment as needed.

Parent signature _____ **Date** _____