



**Quaker Valley High School Marching Band  
Medical Form 2021-22**

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Primary Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Secondary Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Home Address \_\_\_\_\_

**Medical Information and Dietary Needs**

Please list any facts concerning this adolescent's medical history including current medical conditions, allergies, medications being taken, and any physical impairments to which the Band Director, Band Staff and/or Registered Nurse should be alerted in order that they may maintain the health and safety of your adolescent while s/he is in their supervision. Please also list any food allergies, intolerances and/or dietary restrictions/preferences.

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Last Tetanus Immunization \_\_\_\_\_

\_\_\_\_ I do \_\_\_\_\_ I do not give permission for the above health history to be shared with the volunteer band chaperones as necessary.

**Health Insurance Information**

Name of Health Insurance \_\_\_\_\_

Phone \_\_\_\_\_ Member ID \_\_\_\_\_

Policy Holder \_\_\_\_\_ Group Number \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

**Treatment Authorization for Emergency Medical Care**

**PART I OR PART II MUST BE COMPLETED.**

**Part I: Grant to Consent**

I hereby give consent for the following medical care in the event reasonable attempts to contact me have been unsuccessful. I hereby give my consent for: (1) The Band Director and/or any member of the Band Staff, including the Registered Nurse to use their discretion to call 911 as deemed necessary; (2) the administration of any treatment deemed necessary by the appropriate medical professionals; and (3) the transfer of my adolescent to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery and I have not been able to be contacted by either any Quaker Valley school authorities or their designee(s).

I also agree to pay the entire costs and fees contingent on emergency medical care or treatment for my adolescent as secured or authorized under this consent.

NOTE: Every effort will be made to notify the parent/guardian in case of an emergency.

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent/Guardian to Consent

**Part II: Refusal to Consent**

I do NOT give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Quaker Valley school authorities to take the following action:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent/Guardian for Refusal to Consent

**MEDICATION ADMINISTRATION CONSENT**

(To be completed by Parent/Guardian):

I give my permission for my adolescent, \_\_\_\_\_, to receive the following medication(s) according to label directions by the registered nurse accompanying the Quaker Valley High School Marching Band under physician's standing orders (no physician's medication orders are needed for the three medications listed below). I also authorize, as needed, the sharing of information related to my adolescent's health between the registered nurse and my adolescent's health care provider. I will comply with the procedure listed on the following page related to the dispensing of medication at Marching Band events.

- I do  I do not authorize my adolescent to receive acetaminophen
- I do  I do not authorize my adolescent to receive ibuprofen
- I do  I do not authorize my adolescent to receive Benadryl.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

**QUAKER VALLEY SCHOOL DISTRICT  
QUAKER VALLEY HIGH SCHOOL MARCHING BAND  
MEDICATION ADMINISTRATION PROCEDURES AND AUTHORIZATION**

The registered nurse accompanying the Quaker Valley High School Marching Band will administer medication to students when such treatment is necessary during band activities that occur outside of the regular school day. This completed form is necessary for the administration of acetaminophen, ibuprofen or Benadryl. Prescribed medication(s) and/or special equipment items must be brought directly to the nurse by the parent at any band event, and such medication(s) and/or special equipment items must be documented through the standard Quaker Valley High School Medical Form.

- ALL medications must be kept with, and dispensed by, the registered nurse except for students whose doctor requires them to carry inhalers and/or epi-pens on their person. Please have your physician complete the appropriate school medical form for these medications.
- Medication **MUST** be in the original container, labeled with the student's name, dosage, frequency, physician's name and prescription number. The nurse will not accept medications that do not meet these requirements.
- Medications outside of acetaminophen, ibuprofen or Benadryl will not be given without an on-file school medical form specifically requesting it signed by at least one parent or legal guardian **and physician**.
- ADHD medication must have a note with the number of pills being sent in the bottle.
- **Over-the-counter medications are subject to the same requirements as prescription medication.**
- Students who have prescribed or over-the-counter medication in their possession and who have not met the above requirements are subject to the disciplinary action of the Quaker Valley high School Code of Conduct: Misconduct Level III.
- The registered nurse accompanying the Quaker Valley High School Marching Band has physician's standing orders for acetaminophen (Tylenol), ibuprofen (Motrin) and Benadryl. Parent/guardian permission for the registered nurse to administer these medications according to label directions may be given on this form. Students **are not permitted** to bring their own bottles of these medications. This form **MUST** be signed by a parent/guardian for these specific medications to be dispensed to the adolescent.