



**Medication Information**

**Please list all medications your child is currently taking. Include regular medications as well as medications that need to be carried in the event of an emergency:**

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

**Please list any medical conditions or recent surgical procedures that your child may have that would be pertinent to the health and welfare of your child while with the band**

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

**Please list any activities that your child cannot participate in**

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

**I hereby give permission to the WHS Boosters to administer minor medical treatment to my child \_\_\_\_\_ including giving over-the-counter medications. Please initial beside each medication your child is allowed to have:**

_____ Benadryl	_____ Dramamine(Motion Sickness)	_____ Imodium
_____ Tylenol	_____ Advil (Ibuprofen)	_____ Aspirin
_____ Pepto-Bismol	_____ Tums	_____ Sudafed
_____ ALL	Any over the counter Medications not listed	_____

**Please tell us if there is anything else our chaperones should know about your child:**

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

**I give permission for my child to go on the WBA field Trip from November 19 thru November 21, 2010. I release WHS IMP and individuals from liability in case of accident during activities related to the WBA field trip, as long as normal safety procedures have been taken.**

**I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency. In the event I cannot be reached in an emergency, I hereby give my permission for WHS IMP Volunteer Medical First Aid/Chaperones to dispense the above listed prescribed medications, which I have properly provided in it's prescribed container and/or secure proper medical treatment for my child as named above**

\_\_\_\_\_  
**Parent's/Guardian's Signature**

\_\_\_\_\_  
**Date**

**PRIVACY NOTICE FOR PARENTS:**

In order to properly care for your child, selected medical information will be available to our chaperones. This form will be placed in a binder and secured by volunteer Medical First-Aid person(s). Minimal information will be made available to Chaperones before the event. All other information will be kept confidential and will be divulged only on a need- to-know basis. If you have any questions or concerns, please notify the band director or Head Chaperone.

**I have read and understand the privacy Notice:**

\_\_\_\_\_  
**Parent/Guardian Signature:**

\_\_\_\_\_  
**Date:**

\_\_\_\_\_