

West Shore Music Boosters - First Aid

2018-2019 Season

Student Name:			Section:	<input type="checkbox"/> Wind	<input type="checkbox"/> Percussion	<input type="checkbox"/> Guard
Emergency Contact:		Relationship:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> _____			
Home Phone:		Cell Phone:		Text: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency Contact:		Relationship:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> _____			
Home Phone:		Cell Phone:		Text: <input type="checkbox"/> Yes <input type="checkbox"/> No		

If your child has any special medical concerns that the Band Directors should be aware of please list here:

During the next few months, our children will be coming together to create a wonderful marching band program. During band events, there will be school staff and/or medical personnel available to assist students if they are feeling ill or are injured. We need your permission to administer first aid and over the counter medications. This form will be kept as confidential as possible and maintained by our volunteer nurse/chaperone.

CHECK ALL MEDICATION/FIRST AID TREATMENTS YOU APPROVE

Please indicate your approval by checking the items listed below if you would like us to administer these medications and first aid measures to your child if the need arises.

- NONE** | If you do not wish to authorize any of these, we will need to contact you if the need arises.
- ONLY THE TREATMENTS SELECTED BELOW:**
- ALL OF THE FOLLOWING:**
- | | |
|---|---|
| <input type="checkbox"/> Tylenol | <input type="checkbox"/> Benadryl |
| <input type="checkbox"/> Advil (ibuprofen) | <input type="checkbox"/> Maalox or Tums |
| <input type="checkbox"/> Aleve (NSAID) | <input type="checkbox"/> Antiseptic Spray |
| <input type="checkbox"/> Imodium (anti-diarrheal) | <input type="checkbox"/> Cortisone Cream |
| <input type="checkbox"/> Cough drops/cough syrup | <input type="checkbox"/> Caladryl Cream |
| <input type="checkbox"/> Sunblock | <input type="checkbox"/> Bug Bite Lotion |
| <input type="checkbox"/> Sunburn Spray | <input type="checkbox"/> Ice Pack |

Parent/Guardian Signature

Date

SPECIAL MEDICAL ATTENTION:

If your child uses an inhaler, Epi-Pen, diabetic supplies, or other important medical medicines or supplies (athletic tape, Dramamine, etc.) be sure that they are prepared and that they always bring it with them to every practice, rehearsal, competition, etc. They can hand it off to a trusted chaperone/instructor during performances but that way it is nearby if the need arises.