

# West Shore Music Boosters - First Aid

## 2020 Marching Band Season

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. Please note the list of medications and first aid measures we will have available during practices and performances.

Student Name:			<b>Section:</b>	<input type="checkbox"/> Wind <input type="checkbox"/> Percussion <input type="checkbox"/> Guard
Known Allergies:				
Emergency Contact:	<b>Relationship:</b>	<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:	<b>Relationship:</b>	<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 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 so it is nearby if the need arises.

## 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 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"/> Pepto Bismol                  | <input type="checkbox"/> Bug Bite Lotion  |
| <input type="checkbox"/> Sunburn Spray and/or Sunblock |   |

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

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\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date