



West Shore Music Boosters - First Aid

2024 Marching Band Season

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: | | Section: | Wind | Percussion | Guard |
| Date Of Birth | | | | | |
| Emergency Contact: | | Relationship: | | | |
| Home Phone: | | Cell Phone: | | Text: Yes No | |
| Emergency Contact: | | Relationship: | | | |
| Home Phone: | | Cell Phone: | | Text: Yes No | |

If your child requires medication and / or medical supplies such as an inhaler, Epi-Pen, glucometer, athletic tape, splints, Dramamine, etc. Please ensure your child brings these items with them to every music function (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 | |

Medical History

Medical Allergies: _____

Food Allergies: _____

Please list any important medical/surgery history we should be aware of (ex. Diabetes, asthma, heart conditions, etc):

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

(Initial) **NOTE:** Should medical / allergies change throughout the season, I am aware it is my responsibility to complete a new form. Should the need arise for EMS to be called, I am aware that the staff/chaperones will rely on EMS's recommendations for the best care and I will not hold anyone else financially responsible.

Parent/Guardian Signature

Date