

## Bow High School ~ Music Department Medical Emergency Information

Student's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Tel. \_\_\_\_\_ Cell Phone/Pager # \_\_\_\_\_

Name of Parent/Legal Guardian and relationship: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Tel. \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Tel. \_\_\_\_\_

Name of Secondary Contact Person: \_\_\_\_\_ Tel. \_\_\_\_\_

Student's Physician: \_\_\_\_\_ Tel. \_\_\_\_\_

Student's Medical Insurance Co: \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

**Please indicate if the student has any of the following:**

	Yes	No	Explain, if Yes
Bee Sting Reaction			
Asthma			
Diabetes			
Allergies			
Medication Allergies			
Seizure Disorder			
Orthopedic Problems			
Other			

**Date of last Tetanus Immunization** \_\_\_\_\_  
MM/DD/YR

Students needing medication, prescription and/or non-prescription during school sponsored activities must follow NH laws regarding the administration of medications in schools. Students may not carry medications with the exception of asthma inhalers and epinephrine. A designated member of the school staff will hold all medications. All medications must be in their original, labeled containers. By signing below, I give permission for a designated member of the school staff to assist my student in taking the following medication and release said person from responsibility for any adverse effects from the medication.

Medication: \_\_\_\_\_ Dose \_\_\_\_\_ Time taken \_\_\_\_\_

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

I give permission for a designated member of the school staff to administer acetaminophen (tylenol) or ibuprofen (Advil) to my student as requested in accordance with the manufacture's instructions and release said person from responsibility for any adverse effects from the medication.

In the event of a medical emergency and I can not be reached, this authorization gives consent for an official of the Bow High School to seek emergency medical assistance and treatment as needed.

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