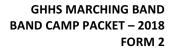


FORM 1: STUDENT MEDICAL RECORD AND EMERGENCY CONTACT INFORMATION DUE JULY 1, 2018

Student		Birth Date				
Home Address		Home Phone #				
Parent/ Guardian #1		Cell Phone #				
Home Address		Other Phone #				
Parent/ Guardian #2		Cell Phone #				
Home Address		Other Phone #				
In case of an emergency and	the above person(s) can	not be reached, please notify:				
Name		Relationship to Student:				
Cell Phone #		Other Phone #				
Diagra ro		PROVIDER INFORMATION t/back photocopy of your insurance card				
		grack photocopy of your insurance cara				
		EN MEDICATION ADMINISTRATION				
The State of Ohio red	quires that the camp nurs Please complete this form	se have written authority to administer over-the-counter n if you would like your student to receive acetaminophen or				
Yes, the band camp	nurse or school personne	el designated by the band camp nurse has my permission to				
give my student the following	g medication(s) as neede	ed and indicated (indicate number of tablets):				
Up to	500 mg caplets of	500 mg caplets of Acetaminophen (e.g., Tylenol)				
Up to	200 mg tablets of Ibuprofen (e.g., Advil, Motrin)					
No, my student may	not receive these medic	cations. Please call me first.				
Parent/Guardian Signature		Date				
Parent/Guardian Name (Print	:)					

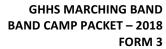




FORM 2: PHYSICIAN INFORMATION DUE JULY 1, 2018

Student Name					
Student's Doctor		Phone #			
	STUDENT HEALTH HISTORY Check all that apply; provide detail b	pelow.			
□ Asthma□ Convulsions□ Diabetes□ Dietary Restrictions	□ Ear Infections□ Hay Fever□ Heat Related Illness□ Heart Condition	☐ Insect Stings☐ Ivy Poisoning☐ Penicillin Allergy☐ Rheumatic Fever			
Other Known Allergies:					
Elaborate on checked items:					
	ACKNOWLEDGEMENTS				
above has my permission this form. In the event that band the physician selected be injections, medication, This authorization does physicians/dentists.	information sheet is correct to the best of	es except as specifically detailed by me on arent/alternates, I give my permission to per treatment for, and if necessary order atified above. in the medical opinions of two licensed			
Additional special instructions:					
Parent/Guardian Signature		Date			

Parent/Guardian Name (Print) _____





FORM 3: REQUEST FOR ADMINISTRATION OF MEDICATION DUE JULY 1, 2018

EVERY prescription or over-the-counter medication requires this form, except acetaminophen/ibuprofen.

Use duplicate forms as needed for additional doctors/medications.

Student Name		Grade					
Birth Date	Age	Room #					
**Physician signature is <u>only</u> required for prescription medications, including asthma inhalers.							
PHYSICIAN SECTION: the above this form, as described below.	e-named student is in my care	e and should receive the medications listed on page 2 of					
Physician Signature		Date					
Physician Name (Print)							
designee to administer the med specifically affirms the followin - I understand and a prevent administr - I understand that 2018. - I will deliver the maximum 22, 2018. - I release and agreand all liability for Parent/Guardian Signature	dications identified on this for ig: accept that occasional circum ration of the medication on the medication not collected by n medication in the original, labe re to hold the Board of Education or damages or injury resulting of	ne at the end of camp will be discarded on August 15, eled container to the camp nurse during check-in on July ion, its officials, and its employees harmless from any directly or indirectly from this authorization.					
CAMP NURSE SECTION: I hereb	-	rug(s) identified on this form on Sunday, July 22, 2018					
Nurse Signature	-	Date					
Nurse Name (Print)							

MEDICATIONS LISTED ON NEXT PAGE



FORM 3, p.2: REQUEST FOR ADMINISTRATION OF MEDICATION DUE JULY 1, 2018

EVERY prescription or over-the-counter medication requires this form, except acetaminophen/ibuprofen.

Use duplicate forms as needed for additional doctors/medications.

Student Name					Grade			
. Medication:								
ivieuication.								
		Time	Sun	Mon	Tue	Wed	Thu	Fri
Prescription	ОТС		7/22	7/23	7/24	7/25	7/26	7/27
Route:	.Dosage:			+				_
Times:	Qty Taken:							
Possible side effects:	l	ı	1	1	1	ı	l	
C	- dusius							
Specific instructions for	admin or storage:							
Medication:								
December	0.7.0	Time	Sun	Mon	Tue	Wed	Thu	Fri
Prescription	OTC		7/22	7/23	7/24	7/25	7/26	7/27
Route:	.Dosage:							
Times:	Qty Taken:							
Possible side effects:								
Specific instructions for	admin or storage:							
Specific instructions for admin or storage:								



FORM 4: ACKNOWLEDGEMENTS, PHOTO OPT-OUT, AND ROOMMATE SELECTION DUE JULY 1, 2018

RULES AND POLICY ACKNOWLEDGEMENT

We have read the Student Rules and Expectations contained in this packet, and we understand and acknowledge that any violations of these, or of the student code of conduct, may result in the student's dismissal from Band Camp. In that event, a parent or guardian will be required to come to Wittenberg and pick the student up immediately. We understand that NO REFUNDS WILL BE GIVEN.

We also acknowledge and affirm our understanding of the Band Instrument Transportation Policy contained in this packet. Date Student Signature Student Name (Print) _____ Parent/Guardian Signature Parent/Guardian Name (Print) PHOTO OPT-OUT RELEASE FORM The Grandview Heights Bands Program uses photographs, photographic images, names, audio and video recordings of students for general publicity in social media, print, marketing, public relations and advertising. Any parents/guardians of students who do NOT want their students photographed, recorded, or have their names, voices or biographical materials used in connection with any such recording, must complete a Photo Opt-Out Release Form. Unless a fully executed Photo Opt-Out Release Form is on file, your student's image and/or likeness may at any time be captured by still photography, videography, or other photographic or electronic means. The band reserves the right to use any such image, photograph, video or the like for any school-related purpose, including but not limited to promoting, publicizing and/or advertising on behalf of the school in print, online or in other media such as signage and/or presentations. This form is for band use only and does not cover the yearbook; group band pictures are not covered by the Opt-Out option. The form covers the 2017-2018 school year up to the start of the next school year. SIGN HERE ONLY IF YOU DO NOT CONSENT TO THE USE OF YOUR STUDENT'S IMAGE. I do NOT consent to the use of my student's image, and understand my obligations as set forth above: Parent/Guardian Signature Date Parent/Guardian Name (Print) **ROOMMATE SELECTION** 1st Choice Roommate: Grade 2nd Choice Roommate: Grade 3rd Choice Roommate: Grade