



FORM 1: STUDENT MEDICAL RECORD AND EMERGENCY CONTACT INFORMATION

DUE JUNE 28, 2019

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) cannot be reached, please notify:

Name _____ Relationship to Student: _____

Cell Phone # _____ Other Phone # _____

HEALTH INSURANCE PROVIDER INFORMATION

Please remember to provide front/back photocopy of your insurance card

Health Insurance Provider _____

Address _____

Phone # _____ ID# _____ Group # _____

ACETAMINOPHEN/IBUPROFEN MEDICATION ADMINISTRATION

The State of Ohio requires that the camp nurse have written authority to administer over-the-counter medication to your student. Please complete this form if you would like your student to receive acetaminophen or ibuprofen from the nurse as needed during camp. **CHECK YES OR NO.**

_____ **Yes, the band camp nurse or school personnel designated by the band camp nurse has my permission to give my student the following medication(s) as needed and indicated (indicate number of tablets and timing; note that the nurse will not exceed recommended dosage on the label without physician's order):**

Up to _____ 500 mg caplets of Acetaminophen (e.g., Tylenol), every _____ hours

Up to _____ 200 mg tablets of Ibuprofen (e.g., Advil, Motrin), every _____ hours

_____ **No, my student may not receive these medications. Please call me first.**

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (Print) _____



FORM 2: PHYSICIAN INFORMATION
DUE JUNE 28, 2019

Student Name _____

Student's Doctor _____

Phone # _____

STUDENT HEALTH HISTORY

Check all that apply; provide detail below.

- | | | |
|---|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Insect Stings |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Ivy Poisoning |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heat Related Illness | <input type="checkbox"/> Penicillin Allergy |
| <input type="checkbox"/> Dietary Restrictions | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Rheumatic Fever |

Other Known Allergies: _____

Elaborate on checked items: _____

Any other information of which the nurse should be aware: _____

ACKNOWLEDGEMENTS

My signature below specifically affirms the following:

- *This health history and information sheet is correct to the best of my knowledge. The student identified above has my permission to engage in all camp and band activities except as specifically detailed by me on this form.*
- *In the event that band staff cannot reach me or other identified parent/alternates, I give my permission to the physician selected by the band staff to hospitalize, secure proper treatment for, and if necessary order injections, medication, anesthesia, or surgery for the student identified above.*
- *This authorization does not cover major surgery unless necessary in the medical opinions of two licensed physicians/dentists.*
- *This permission is in effect for the entire 2018-19 school year and covers all band activities.*

Additional special instructions: _____

Parent/Guardian Signature _____

Date _____

Parent/Guardian Name (Print) _____



FORM 3: REQUEST FOR ADMINISTRATION OF MEDICATION

DUE JUNE 28, 2019

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

NOTE that the nurse will not exceed recommended dosage on the label without physician's order.

Use duplicate forms as needed for additional doctors/medications.

Student Name _____ Grade _____

Birth Date _____ Age _____ Room # _____

***Physician signature is only required for prescription medications, including asthma inhalers.*

PHYSICIAN SECTION: the above-named student is in my care and should receive the medications listed on page 2 of this form, as described below.

Physician Signature _____ Date _____

Physician Name (Print) _____

PARENT/GUARDIAN SECTION: I request and give my permission to the GHHS Band Camp nurse and his/her designee to administer the medications identified on this form, under the terms listed below. My signature below specifically affirms the following:

- *I understand and accept that occasional circumstances and activities occurring during camp may prevent administration of the medication on the recommended schedule.*
- *I understand that medication not collected by me at the end of camp will be discarded on August 15, 2018.*
- *I will deliver the medication in the original, labeled container to the camp nurse during check-in on July 22, 2018.*
- *I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization.*

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (Print) _____

CAMP NURSE SECTION: I hereby affirm that I received the drug(s) identified on this form on Sunday, July 22, 2018 in what appeared to be the original container.

Nurse Signature _____ Date _____

Nurse Name (Print) _____

MEDICATIONS LISTED ON NEXT PAGE



FORM 3, p.2: REQUEST FOR ADMINISTRATION OF MEDICATION
DUE JUNE 28, 2019

*EVERY prescription or over-the-counter medication requires this form, except acetaminophen/ibuprofen.
NOTE that the nurse will not exceed recommended dosage on the label without physician's order.
Use duplicate forms as needed for additional doctors/medications.*

Student Name _____ Grade _____

Medication:								
_____ Prescription _____ OTC		Time	Sun 7/22	Mon 7/23	Tue 7/24	Wed 7/25	Thu 7/26	Fri 7/27
Route:	Dosage:							
Times:	Qty Taken:							
Possible side effects:								
Specific instructions for admin or storage:								

Medication:								
_____ Prescription _____ OTC		Time	Sun 7/22	Mon 7/23	Tue 7/24	Wed 7/25	Thu 7/26	Fri 7/27
Route:	Dosage:							
Times:	Qty Taken:							
Possible side effects:								
Specific instructions for admin or storage:								



**FORM 4: ACKNOWLEDGEMENTS, PHOTO OPT-OUT, AND ROOMMATE SELECTION
DUE JUNE 28, 2019**

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.

Student Signature _____ Date _____

Student Name (Print) _____

Parent/Guardian Signature _____ Date _____

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	
1 st Choice Roommate: _____	Grade _____
2 nd Choice Roommate: _____	Grade _____
3 rd Choice Roommate: _____	Grade _____