

# WVHS MUSTANG BAND MEDICAL ALERT SHEET

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student's E Mail(s) \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

## Mother's Information:

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_

Cell Phone \_\_\_\_\_ Other Phone Numbers \_\_\_\_\_

E Mail(s) \_\_\_\_\_

## Father's Information:

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_

Cell Phone \_\_\_\_\_ Other Phone Numbers \_\_\_\_\_

E Mail(s) \_\_\_\_\_

Another Person to Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

## Health Conditions That Require Special Attention

(Check where appropriate)

Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_ Hearing \_\_\_\_\_ ADD/ADHD \_\_\_\_\_ Allergies \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Heart \_\_\_\_\_ Vision \_\_\_\_\_ Seizures/Convulsions \_\_\_\_\_ Gastrointestinal \_\_\_\_\_ Urinary \_\_\_\_\_

Other (write in) \_\_\_\_\_

Explain Health Condition \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signs/Symptoms to watch for \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Special care or procedure required if symptoms occur \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List any surgeries and the date they were performed: \_\_\_\_\_

\_\_\_\_\_

Medications taken on a regular basis:

| Name of Medication | Dosage | Time  | Reason |
|--------------------|--------|-------|--------|
| 1. _____           | _____  | _____ | _____  |
| 2. _____           | _____  | _____ | _____  |
| 3. _____           | _____  | _____ | _____  |

**Immunization Information:**

Last Tetanus Shot \_\_\_\_\_

**Insurance Information:**

Insurance Company \_\_\_\_\_

Subscriber Name \_\_\_\_\_ I.D. Number \_\_\_\_\_

Group Number \_\_\_\_\_

**Medication Consent Form**

While at all band activities I give my permission for the Walker Valley Band Directors, Staff, or designees to give the following medications to my child when needed.

Check which medication we may give your child:

Tylenol \_\_\_\_\_ Ibuprofen \_\_\_\_\_ Aleve \_\_\_\_\_ Diarrhea Medication \_\_\_\_\_ Allergy Medication \_\_\_\_\_

Sinus Medication \_\_\_\_\_ Menstrual Medication \_\_\_\_\_ Upset Stomach Medication \_\_\_\_\_

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

**Medical/Field Trip Consent Form**

**(For my child's participation in band 2022 to the Spring Semester your child will graduate, 20\_\_\_\_.)**

I hereby give permission to the Walker Valley High School Band Directors or their designees to render aid, treatment, medical, or surgical care deemed necessary to the health and well being of my child.

I additionally grant, when necessary for protecting the health and well being of my child permission for hospitalization, treatment, or surgery at a competent and/or accredited facility.

I further release the Walker Valley High School Band Directors, Staff, and/or designees from any liability for damage and injury to my child and hereby accept further responsibility for any and all damages or injuries sustained as a result of participation in the Walker Valley High School Band Program.

I hereby give permission to the Walker Valley High School Band Directors or their designees to take my child on all Walker Valley High School Band related trips off campus.

**~~DO NOT SIGN UNLESS A NOTARY PUBLIC IS A WITNESS & CAN STAMP TO VERIFY~~**

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

Notary Public Signature \_\_\_\_\_ Expiration Date \_\_\_\_\_