

# Lafayette High School Band Medical Form

School Year 2024-25

This is the form that will be brought to the emergency room with your child if the need arises. This information will also be used to assist in the care of your child during LHS band events and is confidential to the medical chaperones caring for your child during these events. **PLEASE FILL IN ALL BLANKS AND PRINT CLEARLY. Provide insurance card information on the back of this page.** We do not need a photocopy of your insurance card.

Student Name: \_\_\_\_\_ Instrument: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Insurance Company and Group #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contacts: (used only if unable to reach parent/guardian) My student is:  Vegetarian  Vegan

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Does your child have (or has had) any of the following medical conditions:**  Asthma  Cancer  Diabetes  Frequent Headaches  Seizures

ADHD  Heart Disease  Depression  Frequent Stomach Aches  Other: \_\_\_\_\_

Surgeries (recent or significant): \_\_\_\_\_

**PLEASE LIST ANY ALLERGIES OR INTOLERANCES (INCLUDING MEDICATION ALLERGIES), DESCRIPTION OF REACTION, AND USUAL TREATMENT. \_**

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

Please list current medications taken (prescribed and over the counter):

Medication	Dose and Frequency	Reason

DATE OF LAST TETANUS SHOT: \_\_\_\_\_

PLEASE INITIALS BESIDE ANY MEDICATIONS YOUR CHILD MAY REQUEST/RECEIVE FROM A CHAPERONE FOR MINOR DISCOMFORTS

Benadryl \_\_\_\_\_ Advil \_\_\_\_\_ Tylenol \_\_\_\_\_ Midol \_\_\_\_\_ Emetrol \_\_\_\_\_ Immodium \_\_\_\_\_ Pepto Bismol \_\_\_\_\_

Sudafed \_\_\_\_\_ Claritin \_\_\_\_\_ Dramamine \_\_\_\_\_ Robitussin \_\_\_\_\_ Robitussin DM \_\_\_\_\_ Sucrets \_\_\_\_\_ Cough Drops \_\_\_\_\_

Benadryl Cream \_\_\_\_\_ Neosporin Ointment \_\_\_\_\_ (Equivalent generic brands may be used.)

*As per Lafayette Parish School Board Policy, any student currently under a doctor's care for a condition that requires a prescribed medication, must bring with them an adequate supply of the medication in the original container with a copy of the doctor's instructions. The medicine must be turned over to the band director, and be administered under his/her supervision. Students are not allowed to carry prescribed medication on their person during a school-sponsored event. In addition to returning this form to the Band Hall, an additional form must be obtained through the High School Main Office and filed in the student's personal file.*

I hereby certify that, to the best of my knowledge, my child is in good health and has my permission to participate in all Lafayette High School Band activities, including band camp, home and away football games, parades, concerts, festivals, and travel required to get to these events. I give permission for my child to be treated if necessary, and further realize that expenses incurred for treatment that are not covered by my insurance will be the responsibility of myself.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE TURN THIS FORM IN TO AN ADULT VOLUNTEER OR STAFF MEMBER THE FIRST DAY OF BAND CAMP. LATE FORMS MAY ALSO BE PLACED IN THE "FEE BOX" IN THE BAND ROOM. YOUR CHILD WILL NOT BE ABLE TO RECEIVE ANY MEDICATION WITHOUT A FORM ON FILE. NOTIFY US IF ANY OF THE ABOVE INFORMATION CHANGES DURING THE SCHOOL YEAR. A NEW FORM MAY BE DOWNLOADED AT [mlbbf.org/medical](http://mlbbf.org/medical) [Revised 7/7/2024]**