

Lafayette High School Band Medical Form

School Year 2026-27

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 AT SPRING PREP CAMP, BUT DEFINITELY NO LATER THAN THE FIRST DAY OF PRE-CAMP IN JULY. 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 [Revised 4/13/26]