Lafayette Band Emergency and Medical Form

It is important that the following information is FILLED OUT COMPLETELY to provide the best care and assessments for your student. Keep in mind that we will travel and your student may require medications or care not normally expected to be provided during band or school activity times.

Be sure to complete self-administration forms, (web address listed below) as these are essential if you wish for your child to carry and take their own medications when we travel. All medications to be given during a band activity, rehearsals, or trips must be turned in to a chaperone team member and/or staff in the original prescription bottles with legible administration instructions on the label. All medications must also be accompanied by a signed *"Prescription Medication Authorization"* form (web address listed below). For overnight trips all medications must be labeled, with administration instructions, and paperwork must be turned in 48 hours prior to departure.

Please note that in order for us to give your student over the counter medications listed on these forms, the "Yes" box must be clearly marked and the form SIGNED BY YOUR STUDENT'S PHYSICIAN. All OTC and prescription medications will be given by volunteer, chaperone, staff, or by the student with a completed self-administration form. All medications will be administered in the amounts and frequency listed. Anything else will require a prescription from a physician. Prescriptions will be given according to the listed dosing and directions on the bottle labels.

Please complete the emergency treatment section. This form is required prior to traveling to any event with the band. It will allow us to seek urgent/emergency treatment for your student when necessary. In the event we must seek emergency care for your student, every effort will be made to contact the parents and/or emergency contacts.

Important forms that require completion prior to my student's participation in Lafayette band include: LBA Medical form, Emergency treatment section, KHSAA physical form (web address listed below), medication self-administration forms.

* THESE FORMS ARE MANDATORY AND MUST BE FILLED OUT COMPLETELY AND RETURNED NO LATER THAN THE FIRST DAY OF BAND CAMP FOR YOUR STUDENT TO PARTICIPATE.

Student Name _____ Date of Birth _____

Grade _____ Section/Instrument _____

Parent/Guardian # 1 _____ Relation _____

Home # _____ Cell # _____ Work # _____

Parent/Guardian # 2 _____ Relation _____

Home # _____ Cell # _____ Work # _____

Emergency Contact #1 _____ Relation _____

Home # _____ Cell # _____ Work # _____

Emergency Contact # 2 _____ Relation _____

Home # _____ Cell # _____ Work # _____

Student physician: _____ Physician phone number: _____

Student medical insurance carrier_____ ID #/Policyholder name _____

Allergies to food/medications/environmental

_____

_____

_____

_____

Please list all medical or health related conditions

_____

_____

_____

_____

Please list any and all medications including supplements taken daily by your student

_____

_____

_____

_____

*** Check Yes or No for the following:**

Ibuprofen (Motrin, Advil) 200 mg: Take 1 to 2 tablets every 4 to 6 hours as needed for discomfort. Not to exceed 6 tablets in 24 hours. _____ **Yes** _____ **No**

Acetaminophen (Tylenol extra Strength) 500 mg: Take 2 tablets every 6 hours as needed for discomfort. Not to exceed 8 tablets in 24 hours. _____ **Yes** _____ **No**

Diphenhydramine (Benadryl) 25 mg: Take ½ to 1 tablet every 4 to 6 hours as needed for relief of allergy symptoms including itching. Not to exceed 6 tablets in 24 hours. _____ **Yes** _____**No**

Loperamide (Imodium) 2 mg: Chew 2 tablets after the first loose stool then 1 after each subsequent stool. Not to exceed more than 4 tablets in 24 hours. _____**Yes** _____ **No**

Meclizine Hydrochloride (Dramamine) 25 mg : Take 1 to 2 tablets as needed once daily or an hour before an activity that may lead to motion sickness. Not to exceed 2 tablets in 24 hours. _____ **Yes** _____**No**

Antacid Calcium rich (Tums): Chew 2 to 4 tablets for symptoms. Not to exceed 10 tablets in 24 hours.
_____ **Yes** _____ **No**

Simethicone (Gas ex) 125 mg: Chew 1 to 2 tablets after meals and at bedtime if needed for abdominal pain related to gas pressure. Not to exceed 4 tablets in 24 hours. _____ **Yes** _____ **No**

Physician Signature: _____ Date: _____

Before you return please check to be sure you have included and completed all the following. Forms can be mailed to:

LBA
PO Box 910450
Lexington, KY 40591

Form completion checklist:

Lafayette Emergency & Medical Form _____

KHSAA physical form _____
https://fcps.net/families/forms to fill out/health requirements for school/KHSAA

Medication Self-Administration forms _____
https://www.fcps.net/cms/lib/KY01807169/Centricity/Domain/2295/self_med.pdf

Prescription Medication Authorization Form _____
https://www.fcps/net/cms/lib/KY01807169/Centricity/Domain/2295/meds_ok.pdf

This form has been filled out completely with accurate information to the best of my knowledge. I understand a parent signature is required even if I do not allow over the counter medications to be taken by my student. Permissions for over the counter medications can be declined by marking the NO box for the medications mentioned above. My parent signature acknowledges that I have read and agree to the instructions. By signing this form, I consent to emergency medical treatment in the event deemed necessary by LBA chaperones, volunteers, and/or staff for my student. I understand that every effort will be made to contact the parent, guardian, and/or emergency contact listed above if emergency care is required.

_____

Parent signature **Date**