



LBA Band Emergency and Medical Form (REQUIRED)

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 for each medication your student takes 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. 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, you must turn in an LBA Over-the-Counter Medication Authorization form SIGNED BY YOUR STUDENT'S PHYSICIAN AND A PARENT/GUARDIAN.

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 the Lafayette band include: *LBA Band Emergency and Medical form, *KHSAA physical form, OTC Medication Authorization, and FCPS Physician Authorization for Self-Medication 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

This form has been filled out completely with accurate information to the best of my knowledge. My 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: _____

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 or handed to a chaperone.

Form completion checklist:

- *Lafayette Band Emergency & Medical Form _____ (due first day of band camp)
- Lafayette Band OTC Medication Authorization Form _____ (due first day of band camp)
- *KHSAA physical form _____ (due first day of band camp)
- Medication Self-Administration forms _____ (due before first band trip)

* 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.