

WTHS MINUTEMEN MARCHING BAND
2016-2017 Student Health Information

Dear Students & Parents/Guardians,

This letter is to inform you about the following health guidelines that should ease your completion of the Health Form for the WTHS Marching Band. (**See back**) These are the guidelines:

- 1. No matter what age (*over 18, 18 or younger*) all "PRESCRIBED" medications need a **doctor's office stamp and order which includes dose.** All over-the-counter medications such as Tylenol, Advil, Motrin, allergy meds, vitamins, etc. **need to be listed on this form** but **do not** need a physician's stamp. Birth control pills needs to be listed on this form but do not need a physician's stamp. If your child needs over-the-counter medication they can usually get it from a band staff member as long as it is listed on this form.**
- 2. Any prescribed medication(s) brought on trips must be only the amount necessary for the trip dates. One extra dose may be carried in case of any delay.**
- 3. No cold medications or diet pills are recommended or permitted.**
- 4. All meds must be in the original prescription container with the student's name on it. (No mixed meds in baggie/pill boxes permitted). Any over the counter meds must be travel size and sealed. All **inhaler meds** can be opened and self-carried. All **oral contraceptives** can be opened and self-carried. All **diabetic needs or Epinephrine** can be self-carried. YOU STILL NEED A DOCTOR'S ORDER AND DOCTOR'S STAMP FOR ANY PRESCRIBED MEDICATIONS. If the doctor does not have a stamp, they may write the order on a prescription pad. You will not be permitted to pack and carry any meds unless the nurse has the order on file for prescribed meds and you must list all over-the-counter medications on the front of this form. Chaperones get a log of students who have meds cleared and review this list at check in. All meds for trips need to be checked in during luggage checks for any overnight trips.**
- 5. You only need a doctor's order and stamp if you are bringing any prescribed medications on the trip. If you are not bringing any meds that need a prescription to fill, you do not need a doctor's stamp. **All forms need a parent signature.****
- 6. All **controlled medications, stimulants, mood altering drugs or sleeping pills** will be **held by and administered by the nurse** during the trip. You will receive a phone call from the nurse or band director's designee if this is needed. These will need to be handed to the nurse at medication check in prior to the trip.**
- 7. Anyone with a diagnosis of allergic reaction is strongly encouraged to bring the appropriate medication as prescribed by the doctor.**
- 8. In the case of an emergency-some healthcare facilities require insurance information but may also require credit card payment. Parent emergency contact will be notified if this is indeed the case. Please be sure to include cell numbers on the health forms (**please include the student's cell # on the form**). It is not necessary to submit a copy of your insurance card with the health form.**
- 9. The health form is to be completed **and returned to the band director by August 16, 2016.** However, the sooner they are turned in the better.**
- 10. Should health information change during the season, it is your responsibility to contact the band director or his designee to make the appropriate updates**

******The HEALTH FORM is on the back of this page******

If you have any questions, please contact the high school nurses by e-mail: tcotton@wtps.org or jhudock@wtps.org. It is very important this Health Form gets completed and returned to the band director as soon as possible. Thank you for your cooperation!

**WASHINGTON TOWNSHIP PUBLIC SCHOOLS
SCHOOL TRIP MEDICAL INFORMATION**

Dear Parents: We are happy that your son/daughter is planning to participate in the Minutemen Marching Band during the 2016-2017 school year. Please complete this emergency health form and return by 8/16/2016 or ASAP to Mr. Sino or Mr. Graff.

GENERAL INFORMATION (Please Type or Print)

Student's Cell#: _____

Student's Name _____ D.O.B. _____ Age _____
(Last) (First)

Address _____
(Street address) (Town) (zip code)

Parent/Guardian Contact Information: Name _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

If your parent(s)/guardian(s) cannot be reached, and it is an **emergency**, we should call:

(Name) (Relationship) (Telephone Number)

MEDICAL INFORMATION

Has the child had any history of heart condition, asthma, epilepsy, allergies, diabetes, bleeding disorder or other health condition?
Yes ___ No ___ If yes, identify & explain condition.

Is the child allergic to anything such as foods, medicine, etc. Yes ___ No ___ If so, what? _____ What signs of an allergic reaction does your child have? _____ What does the child take for an allergic reaction? _____

Date of last Diphtheria Tetanus (D.T.) Booster _____ Does your child take any medication on a daily basis? Yes ___ No ___ If yes, please list _____ Will they be taking the medications listed on the trip? Yes ___ No ___

Family Physician _____ Address: _____ Phone # () _____

Name of Dentist: _____ Address: _____ Phone # () _____

List all medications your child will be bringing on this trip, including over-the-counter medications:

DRUG	DOSE (mg and interval)	REASON TAKING DRUG

I give permission for my child to self-administer the above medication, which will be in their original container(s) and they will bring only the amount needed for dates of trip. I have reviewed with my child the proper medication administration indications and proper dosages. I also agree that the Washington Township School District and the trip chaperones shall incur no liability as a result of an injury arising from the self-administration of medication by my child. I give permission to share this medical information on a need-to-know basis.

In case of injury/illness/incident, I hereby authorize: (1) The school nurse and/or attending physician to provide the necessary emergency treatment; (2) The use of my insurance to cover medical treatment; and (3) Parent/Guardian agrees to be financially responsible for expenses incurred by Washington Township High School in the event their child does not have medical insurance coverage.

PARENT/GUARDIAN SIGNATURE _____ **PRINT NAME** _____ **DATE** _____

PHYSICIAN'S SIGNATURE _____ **PRINT NAME** _____ **OFFICE STAMP** _____

A COPY OF YOUR CURRENT HEALTH INSURANCE CARD CAN BE CARRIED BY THE STUDENT

This page may be duplicated to update health issues/medication orders prior to the trips.

Additional forms can be obtained from the band director.