

* This form is hand-carried on every band bus trip in case a medical issue arises *

**Tabb Tiger Band
2022-23 Consolidated Medical Form**

Emergency Contact Information / Over-the-Counter Medication Policy / Medical Release Authorization

Student Information

Last Name: First Name: Middle Name:
Phone #: Birth Date:
Street: City: State: Zip Code:
Primary Doctor: Primary Doctor Phone #:

Food/Drug Allergies

None: Yes:

If yes, please list:

Medical Problems

None: Yes:

If yes, please list:

Current Medications:

Parent/Guardian and Emergency Contact Information

Father's Name (or Guardian): Home Phone #: Work Phone #: Cell Phone #:
Mother's Name (or Guardian): Home Phone #: Work Phone #: Cell Phone #:
Additional Emergency Contact: Phone #:
Additional Emergency Contact: Phone #:

Student Medications

NO STUDENT MAY CARRY HIS or HER OWN MEDICATION. This applies to both prescription AND over-the-counter medications. The only exception is an Epi-Pen, and only if authorization to self-carry is provided via the THS Nurse. If your child needs to bring medication on a trip, it must be given to the Band Director for safekeeping. Please provide only the amount needed for that specific trip in a **PHARMACY-LABELED CONTAINER.**

The following **over-the-counter** medications are carried by the Band Director to dispense to Band members on an emergency basis – according to the dosages stated below – whenever the Band travels to football games, competitions, and on any other scheduled Band trips. **It is very important that you review the list of medications below and either approve or disapprove your child receiving them.** No other medications are carried in the Band's first aid kit.

* Expiration dates on all over-the-counter medications carried in the first-aid kit are checked and replaced before the expiration date is reached *

Imodium AD (Loperamide HCL) anti-diarrhea 2mg/2 caplets as needed:	Yes:	No:
Bismuth subsalicylate (generic Pepto Bismol) 262mg/2 TBSP/30ml as needed	Yes:	No:
Sudafed PE (phenylephrine HCl) decongestant 10mg/1 tablet every 4 hours	Yes:	No:
Acetaminophen (Tylenol and generic Tylenol) 500mg/1 tablet every 4-6 hours	Yes:	No:
Excedrin Migraine (250mg acetaminophen + 250mg aspirin + 65mg caffeine) 2 gel tabs with water, only once in 24 hrs	Yes:	No:
Ibuprofen (Motrin, Advil, and generic) 200mg/1-2 tablet every 4-6 hours	Yes:	No:
Diphenhydramine HCl (Benadryl) antihistamine 25 mg/1-2 tablets every 4-6 hours	Yes:	No:
Dramamine (Dimenhydrinate) antiemetic 50mg/1-2 tablets every 4-6 hours, up to 8 in 24hrs	Yes:	No:
Bonine (Meclizine HCl) antiemetic 25mg/1-2 tablets	Yes:	No:
Halls menthol cough drops, as needed	Yes:	No:
Zinc Oxide Cream, Lanacane and Solarcaine sprays	Yes:	No:
Orajel	Yes:	No:
Neosporin	Yes:	No:

Medical Release Authorization

Insurance Carrier: Policy ID # or Sponsor Name:

I hereby authorize emergency medical treatment to be administered to the above-named student while traveling or performing with the Tabb High School Band. The student is covered by the identified company and policy, and I agree to pay any additional medical or transportation expenses that arise from any emergency, whether medical or behavioral. I give my permission to the designated Band chaperone to dispense medications in accordance with policy stated above.

Parent/Guardian Name:

Parent/Guardian Signature:

Date:

* Every effort will be made to contact the parents in the event of any serious injury or illness to their child *