

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

Tabb Tiger Band

2023-24 Consolidated Medical Form

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

Student Information

Last Name: _____ First Name: _____ Middle Name: _____
Street: _____ City: _____ State: _____ Zip: _____
Phone: _____ Birth Date: _____
Primary Doctor: _____ Primary Doctor Phone: _____
Food / Drug Allergies: NONE **Medical Conditions:** NONE
If yes, please list: _____ If yes, please list: _____

Current Medications:

Parent / Guardian and Emergency Contact Information

Parent 1 Full Name: _____
Phone: _____ Work Phone: _____
Parent 2 Full Name: _____
Phone: _____ Work Phone: _____
Additional Emergency Contact: _____ Phone: _____
Additional Emergency Contact: _____ Phone: _____

Student Medications

NO STUDENT MAY CARRY HIS/HER/THEIR OWN MEDICATION. This applies to both prescription AND over-the-counter medications. The only exception is an Epi-Pen or Auvi-Q 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 any other scheduled Band trips. **It is very important that you review the list of medications shown below and either approve or disapprove your child receiving them.** No other medications are carried in the Band first aid kit.

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

Imodium AD (Loperarnide HCl) anti-diarrhea 2 mg / 2 caplets as needed	Yes	No
Bismuth subsalicylate (generic Pepto Bismol) 262 mg / 2 Tbsp / 30 ml as needed	Yes	No
Sudafed PE (phenylephrine HCl) decongestant 10 mg / 1 tablet every 4 hours	Yes	No
Acetaminophen (Tylenol and generic Tylenol) 500 mg / 1 tablet every 4 - 6 hours	Yes	No
Excedrin Migraine (250 mg acetaminophen + 250 mg aspirin + 65 mg caffeine) 2 gel tabs with water, 1 / 24 hr	Yes	No
Ibuprofen (Motrin, Advil, and generic) 200 mg / 1 - 2 tablets every 4 - 6 hours	Yes	No
Diphenhydramine HCl (Benadryl) antihistamine 25 mg / 1 - 2 tablets every 4 - 6 hours	Yes	No
Dramamine (Dimenhydrinate) antiemetic 50 mg / 1 - 2 tablets every 4 - 6 hours, up to 8 in 24 hrs	Yes	No
Bonine (Meclisine HCl) antiemetic 25 mg / 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 as stated above.

Parent / Guardian Name: _____

Parent / Guardian Signature: _____

Date: _____