

**CHEROKEE BLUFF BAND  
FIELD TRIP PERMISSION- MEDICAL INFORMATION FORM**



<b>Student</b>	<b>Age</b>	<b>Grade</b>	<b>M/F</b>	<b>Date of Birth</b>

<b>Parent/Guardian</b>	<b>Parent's Email</b>

<b>Home Address</b>	<b>City &amp; Zip Code</b>

<b>Home Phone</b>	<b>Mother's Wk. Phone</b>	<b>Father's Wk. Phone</b>	<b>Other/Cell Phones</b>	

<b>Emergency Contact</b>	<b>Relationship to Student</b>	<b>Emergency Phone</b>

Does your child have any physical limitations, allergies (to medications, insect stings, etc.), or any other health problems?      Yes       No   
 Is student currently under medical care?      Yes       No   
 If yes please specify below.

Date of most recent tetanus immunization:

*\*If during the school year the student has any contagious or serious illnesses or accidents, or if any of the medical information changes, please notify the Band Director immediately.*

	<b>Specify medications</b>
Is student on any medications?      Yes <input type="checkbox"/> No <input type="checkbox"/> Is parent sending any medications?      Yes <input type="checkbox"/> No <input type="checkbox"/>	

*\*Medication brought by any student is to be clearly labeled, in the original container, with the student's name, medication name, dosage, & times to be taken.*

**Does your child have permission to take:**

<b>Benadryl</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Imodium</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Pamprin</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Tylenol</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Advil (Ibuprofen)</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Dramamine</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Aleve</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Anti-acids</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Physician**

**Medical Insurance Company**

**Office Phone**

**Policy/Group #**

**CHEROKEE BLUFF BAND**  
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**Part II**



My signature gives permission for my child to attend all band functions and to ride the band bus.

Yes  No

If no, please specify

Consent for medical treatment, please check the appropriate box:

Student's name

I consent to the admission of  and to such general and/or acute nursing care, medication, medical diagnostic tests, blood products, and other general care determined to be necessary by the attending physician. I also realize that this consent applies to the use of emergency life saving procedures, should such procedures prove necessary.

**OR**

I do not give consent for the emergency medical treatment of my child. In the event of illness or injury requiring emergency medical treatment, I wish the school authorities to take no action or to:

Specify wishes

Signature of parent/guardian

Please print name of parent/guardian

Date