

**Mohonasen Central School District**  
**Band, Choir and Orchestra Medical/Emergency Information Form**  
**High School Students Grades 6– 12**

Student \_\_\_\_\_ For School Year: 2011-2012\* (Need new form completed by parent if any changes during the year)  
 Parent/Guardian \_\_\_\_\_ Phone Home \_\_\_\_\_ Work \_\_\_\_\_  
 Address \_\_\_\_\_ Cells \_\_\_\_\_  
 Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_  
 Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

**Emergency Contacts:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**\*\*\*ALL MEDICATIONS WILL NEED A PHYSICIAN WRITTEN ORDER ATTACHED\*\*\*\*\***

Is your child currently on medication? Yes \_\_\_ No \_\_\_ Allergies (medications/food etc.) \_\_\_\_\_  
 Medication \_\_\_\_\_ Reason \_\_\_\_\_ Dose/Time \_\_\_\_\_  
 Medication \_\_\_\_\_ Reason \_\_\_\_\_ Dose/Time \_\_\_\_\_  
 Medication \_\_\_\_\_ Reason \_\_\_\_\_ Dose/Time \_\_\_\_\_

**Will your child need to take any of the above medication during these trips?** Yes \_\_\_ No \_\_\_

If "Yes" please read and initial **ONLY** the appropriate section/s below pertaining to your child's needs.

**\*\*ANY MEDICATION WILL NEED A PHYSICIAN WRITTEN ORDER ON FILE IN THE NURSES'S OFFICE\*\***

\_\_\_ I will provide a **WRITTEN ORDER** for his/her medication from a licensed prescriber for **ALL PRESCRIPTION AND NON-PRESCRIPTION MEDICATION** stating the child's name, dose and time to be administered, reason for prescribing and any adverse reactions. **All prescription medication must be in a pharmacy labeled container and all non-prescription medication (over the counter) must be in its original unopened manufacturer's container with the student's name affixed to the container.**

\_\_\_ My child is **self-directed**, capable and competent to understand and correctly administer the medication each time it is required with the assistance of an appropriate chaperone (parent/guardian, family appointed member, instructed school staff member). **Except for diabetics any medication other than an asthma inhaler and an Epi-pen need to be in the possession of the adult chaperone during the field trip.**

\_\_\_ My child **requires an injectable medication** (except Epi-pen and insulin) and will require a nurse/parent/guardian/parent designee to be in attendance.

\_\_\_ My child is **diabetic** and allowed to carry all diabetic supplies on their possession and will require a nurse/parent/guardian/parent designee or glucagon trained staff member to be in attendance.

\_\_\_ My child is self directed and required to have an **Epi-Pen** on their possession for a **severe hypersensitivity** and he/she is knowledgeable and capable of when and how to self-inject and will notify the nearest adult to call 911. If necessary, any school staff member responding to the life threatening situation may administer the Epi-Pen covered under the "Good Samaritan Act".

Please include any other medical information or concerns. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**If in my absence and if I cannot be contacted in the event of a life-threatening medical emergency, I being the parent/legal guardian of the above named minor do hereby give permission for any emergency medical, dental or surgical care to be given. I assume all responsibility for this designation and hold the school district harmless from any liability that may result from this designation.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

School Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\* Please note this form will be kept on file and it is the parent/guardian's responsibility to update any changes to this form (medication, emergency contact numbers etc.) throughout the school year.