

## Azle Marching Green Pride

### Medical History & Parent Authorization for Medical Treatment

Student Name: \_\_\_\_\_ Student Cell#: \_\_\_\_\_

Parents/Legal guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Alternate Emergency contact: \_\_\_\_\_

Alternate Emergency contact: \_\_\_\_\_

### Health History

Circle if applies to your child:

Allergies:      Medication      Food      Latex      Seasonal      Other

Specify: \_\_\_\_\_

Current Medical Condition:    Asthma/Respiratory      Diabetes      Cardiac      Skin      Other

Specify: \_\_\_\_\_

### Current Medications

Name: \_\_\_\_\_ Dose: \_\_\_\_\_ How Often: \_\_\_\_\_

Name: \_\_\_\_\_ Dose: \_\_\_\_\_ How Often: \_\_\_\_\_

Name: \_\_\_\_\_ Dose: \_\_\_\_\_ How Often: \_\_\_\_\_

### OVER THE COUNTER MEDICATIONS:

In the case of unexpected illness, I (parent/legal guardian) \_\_\_\_\_, authorize the chaperone in charge to administer the following OTC medication: **CIRCLE WHICH MEDS YOU WISH TO AUTHORIZE:**

ALL OF THE FOLLOWING, Acetaminophen, Ibuprophen, Zantac/Acid reducer, Antacid-Tumms/Roloids, Gas-X/Simethicone, Immodium/Anti-diarrhea, Benadryl/Diphenylhydramine, Sudafed/Nasal Decongestant, Delsym/Cough Supressant, Bonine/Motion Sickness, Neosporin/Triple Antibiotic Ointment, Cortisone &/or Calamine/Anti-Itch Cream, Swimmers Ear, Abreva/Cold Sore, Other(Specify)\_\_\_\_\_. ALL OF THE ABOVE.

### Authorization

Should medical attention in case of unexpected illness be necessary for my child, \_\_\_\_\_, or in case of medical emergency where I cannot be contacted, I hereby give my consent/permission to MGP Chaperones to

**administer and/or seek medical attention for my child as appropriate. I also hereby release the MGP Chaperones from any liability for reasonable action taken. This consent applies to all Band Related Activities for School year 2011-2012**

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Name PRINTED: \_\_\_\_\_

Home Address: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy Number: \_\_\_\_\_