School year ____________ GRADE ________

KINGS LOCAL SCHOOL DISTRICT EMERGENCY MEDICAL PERMIT FOR MUSIC-RELATED ACTIVITIES

IMPORTANT: *Students cannot be admitted to Kings Local School District endorsed music-related events and activities until the following form is completed and returned.*

PLEASE PRINT OR TYPE

Student's Name	Home Telephone	Date of Birth
Address	City, State	Zip code
Parent/Guardian Name	Work Number	Pager/Cell Phone
Parent/Guardian Name	Work Number	Pager/Cell Phone
Contact Person (other than parent)	Telephone	Relationship
Contact Person (other than parent)	Telephone	Relationship
Physician's Name & Address		Physician's Telephone
Primary Medical Insurance Company	Policy/Group Number	Policy Holder
Dentist's Name & Address		Dentist's Telephone
Primary Dental Insurance Company	Policy/Group Number	Policy Holder

Known allergies, allergic reactions, allergic reactions to medications or food: ____________________

____

Major surgery within the past year and physician: ____________________

____

Acute or chronic medical conditions: ____________________

____

Special dietary needs: ____________________

____

Physical conditions that limit band activities: ____________________

____

Any student taking prescription medication is required to also complete the Medication/Procedure Request Form.
All medication must be in its original container and should be given to the person designated by the staff.

(Please complete back side.)

PARENTAL CONSENT/RESPONSIBILITY

(MUST COMPLETE)

I hereby give permission for ________________________________ (Student) to participate in the Kings Local School District endorsed music-related program and activities (Activity). I understand that the school, its agents, faculty and employees, and the Kings Music Association, its officers, members, volunteers, and employees shall not be nor later become liable or responsible in any way in conjunction with services, for any death, injury, damage, delay or irregularity which may occur while Student participates in Activity.

Date __________________ Signature of Parent/Guardian ____________________________________

GRANT TO CONSENT

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the named doctor, or, in the event the designated practitioner is not available, by another licensed physician or dentist; and (2) the transfer of my child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the Student's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted are documented on the Kings Local School District Emergency Medical Permit for Music-Related Activities Form on the opposite side of this document.

Date __________________ Signature of Parent/Guardian ____________________________________

Also, if requested by my child, I hereby give permission to School, or any member of its faculty or appointed personnel to administer (check preferences)

ACETAMINAPHEN (TYLENOL) and/or

ASPIRIN and/or

IBUPROFEN (MOTRIN) as needed during Activity.

Known reactions: ____

____

____

____

Date __________________ Signature of Parent/Guardian ____________________________________

REFUSAL TO CONSENT

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish authorities to take the following action: ______________

____

____

____

Date __________________ Signature of Parent/Guardian ____________________________________

MEDICATION/PROCEDURE REQUEST FORM FOR MUSIC-RELATED ACTIVITIES

KINGS LOCAL SCHOOL DISTRICT -- KINGS MILLS, OHIO 45034

PHYSICIAN'S REQUEST

I do request that *(child's full name)*________________________________ as a participant of the Kings High School music program have administered to him/her *(specific medication/procedure)*:

____

in the amount of *(dosage)*________________ at *(times required)* ________________

from *(beginning date)*________________ to *(ending date)* ________________

This medication may present the following side effects, reactions, and/or symptoms which would require physician notification or which the administering personnel may not expect. They are: ________________

____

Special instructions regarding storage and/or sterile requirements are: ________________

____

Any known allergies: ________________________________

____

Physician's Signature ________________________ Phone (______) ________________

Physician's Name Printed ________________________________

Address ________________________________ Date ________________

PARENT/GUARDIAN PERMISSION

I *(parent/guardian's name)* ________________________________ , as parent/guardian of *(student's full name)* ________________________________ , do hereby authorize the school personnel listed below to administer the medication or procedure as instructed by the physician. I agree to deliver the medication to responsible school personnel, if required. I also agree to immediately give notification to the music director if there is any change of physicians or if the medication, the dosage, or the procedure is changed. Personnel are exempt from all liability as long as all the procedures are correctly followed.

Parent/Guardian Signature ________________________________

Address ________________________ Home Phone (_______) ________________

________________________ Work Phone (________) ________________

Witness ________________________ Date ________________

AUTHORIZED SCHOOL PERSONNEL

The undersigned personnel do hereby agree to administer the above medication or the procedure as outlined by the physician.

Music Director ________________________ Date ________________

Music Staff ________________________ Date ________________

Nurse ________________________ Date ________________