RUCKEL MIDDLE

SCHOOL CHORUS

EMERGENCY MEDICAL

TREATMENT AND CONSENT FORM

LAST NAME

Email: _____

Parent's or Guardian's Medical authorization for students participating in and traveling with the Ruckel Middle School Chorus. This authorization is good for the entire school year, from August, 2021 through June, 2022.

Part 1 – Student's Personal and Family Information

Name _____ Grade _____
Address _____ Sex M/F
_____ Birth Date: _____
Home Phone _____ Emergency Phone _____
FATHER's Name _____ Military? Y/N Cell Phone _____
MOTHER's Name _____ Military? Y/N Cell Phone _____
Person to call if Parents not available: _____ **Phone** _____
Medical Insurance Provider _____ Policy Number (or spouses SSAN _____

Part 2 – Student's Medical History

History of (CIRCLE): Asthma Diabetes Epilepsy Fainting Head Injury
Heart Trouble Hemophilia Kidney Trouble Rheumatic Fever

Allergies (if yes, to what? _____) Epi Pin? Y N Glasses Contacts
Is the student on a long-term medical program? Y N What program? _____
Year of last Tetanus Booster _____ Immunizations Current? Y N
IMPORTANT: ON THE BACK, LIST PAST SURGICAL HISTORY AND CURRENT MEDICATIONS (PRESCRIPTION AND OVER-THE-COUNTER)

Part 3 – Parental Preferences

May the student be given the following over-the-counter medications by chorus staff or chaperons?
Tylenol (acetaminophen) – Y N Benadryl – Y N Pepto Bismol - Y N Immodium AD - Y N
Advil (ibuprofen) - Y N Sudafed PE - Y N Tums - Y N Gas-X - Y N
Note: Any medication brought by the student for administering at a chorus function must be clearly labeled with the student's name, dosage, and time to be given. Medication will be held by the chorus director, staff, or designated chaperon during chorus functions.

Part 4 – Activity and Treatment Limitations

Permission to participate in CHORUS overnight trips----------Y N
Permission to participate in CHORUS water activities----------Y N
Permission for emergency medical treatment of student by EMS
Personnel, physician, or hospital emergency room staff.
(If no, explain below)----------Y N
Limitations of medical treatment beyond those given in Part 3: _____
_____
_____
_____

Note: If the student has any contagious disease, serious illness, or recent accidents, or if any of the above medical information changes, please notify the chaperon or chorus staff traveling with the chorus.

Part 5 – PERMISSION TO ADMINISTER CARE

As a parent or guardian, I consent to the medical admission of the student named in Part 1 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, except as described in Part 4. This consent applies to the use of emergency life-saving procedures should such procedures prove necessary. This consent allows for designated CHORUS chaperones access to this form for medical needs and administering prescription and OTC medications in circumstances where advanced medical treatment may not be needed.

DATE: _____

SIGNATURE (in the presence of a NOTARY) : _____

For NOTARY:

STATE OF FLORIDA, COUNTY OF OKALOOSA

This instrument was acknowledged before me this _____ day of _____, 20__

(date) by _____ (name), who is personally known to me or who has produced _____ (type of identification) and who did/did not take an oath.

_____ NOTARY PUBLIC