AUTHORIZATION FOR TREATMENT

SIDE 1

& PERMISSION TO PARTICIPATE

THOUSAND OAKS HIGH SCHOOL LANCER INSTRUMENTAL MUSIC DEPARTMENT

PLEASE DO NOT LEAVE SPACES BLANK (use N/A if it does not apply).

Student Last Name _____ First Name _____ Birth date _____ Grade _____

Student Address _____ City _____ Zip _____ Student Cell Phone _____

In the event of a medical emergency, the undersigned authorize(s) the hospital to provide appropriate treatment. I (we) understand that every effort shall be made by the hospital to contact a parent or guardian prior to any treatment, but treatment shall not be withheld if a parent or guardian cannot be reached. I (we) also understand that the Conejo Valley Unified School District or the TOHS Lancer Music Department does not assume any financial responsibility for medical care or ambulance transportation. These authorizations and permission shall be and remain in full force and effect for the current school year unless revoked in writing. I (we) also understand I (we) should contact the school and music department office immediately if there are any changes in the information contained herein. I (we) further request contacting any licensed physician or hospital if my choice is not available.

Parent/Guardian Name _____ (_____) Home Phone _____

Address _____ City _____ State _____ Zip Code _____

Cell Phone _____ Adult E-mail _____

Place of Employment _____ City _____ (_____) Bus. Phone _____

Parent/Guardian Name _____ (_____) Home Phone _____

Address _____ City _____ State _____ Zip Code _____

Cell Phone _____ Adult E-mail _____

Place of Employment _____ City _____ (_____) Bus. Phone _____

REQUIRED EMERGENCY CONTACTS INFORMATION

Name of person other than parent _____ (____) Home Phone _____ (____) Cell phone _____

Name of person other than parent _____ (____) Home Phone _____ (____) Cell phone _____

FORM-A **Reminder: DO NOT LEAVE BLANK (use N/A if no info/not apply)** **SIDE 2**

STUDENT FULL NAME (print here): **MEDICAL INFORMATION**

My child wears: ☐ contacts ☐ glasses

Month and year of last tetanus booster: _____ (*Important, please do not leave blank)

MEDICAL PROVIDER

Family Doctor (full name):_____ Phone Number:_____

Insurance Carrier: _____ Insurance Policy #_____Group # _____

RESTRICTIONS

◯ None ◯ My child has the following activity restrictions or medical cautions:

_____

LONG TERM MEDICATION

◯ My child does NOT take any medications.

◯ My child takes the following prescription medications and I have enclosed verification of these medications and the dosage(s) from my student's doctor to Music Dept. Office. This information is strictly confidential and is used only by authorized representatives in the event of a medical emergency involving your student.

_____

ALLERGIES

◯ None known. ◯ My child has the following allergies: (to food, drugs, insect stings, chemicals, etc.)

_____

I understand that students will be outside a great deal during marching season resulting in possible exposure to insects.

I ◯ have ◯ have not provided the appropriate medical kit (labeled) for my student who is allergic to insect stings.

FIRST AID

During the school year, students of the department experience a variety of aches, pains and minor illness symptoms. The Music Boosters maintain first aid and over-the-counter (OTC) products for such eventualities. Please indicate below if you would or would not want the Boosters to provide and supervise the administration of the below listed OTC medications to your student if the need arises.

Tylenol Advil Benadryl Claritin DayQuil (cough and cold) Tums Imodium (anti-diarrheal)

◯ YES, DO provide the above listed over-the-counter medications as deemed necessary.

◯ USE ONLY the medications circled above.

◯ NO, DO NOT provide any over –the-counter medication to my child.

As the parent/legal guardian of the above named student of Thousand Oaks High School, I hereby give my permission to him/her to attend school sponsored trips with the school Instrumental Music Department and agree to any necessary medical examinations or treatments as above stated during the school year **2015-2016.** I further declare that the information provided here is complete and accurate as stated and any changes will be reported immediately.

_x_____ _____

Signature of Parent or Guardian **Date**