

HEALTH HISTORY RECORD
2020 Dundee High School Marching Band Camp

Dear Parent:

The following information is requested so that the Dundee High School Band Director and Staff can better meet the physical, intellectual, and emotional needs of your student. Fill out the information requested.

Student Name (Last)	First	Middle Initial	Sex	Date of Birth
Address (Number and Street)		City	Zip	Telephone (Home)
Mother's Name (Last)	First	Middle		Telephone (Work)
Address (Number and Street)		City	Zip	Telephone (Emergency)
Father's Name (Last)	First	Middle		Telephone (Work)
Address (Number and Street)		City	Zip	Telephone (Emergency)
Is the student having any of the problems listed below?				
	Yes	No		Yes No
1. Hay fever, asthma, or wheezing			6. Frequent colds, ear aches	
2. Eczema or frequent skin rashes			7. Shortness of breath	
3. Convulsions/seizures			8. Dizziness/Fainting	
4. Heart Trouble			9. Allergies (Medication, Environmental)	
5. Diabetes			10. Other	
Please explain any problem areas identified above:				
Operations or injuries:				
<input type="checkbox"/> Check if none				
Explain any special health, behavioral, or emotional considerations:				
<input type="checkbox"/> Check if none				
Should the student be restricted behavior of any limitations or illness? <input type="checkbox"/> No <input type="checkbox"/> Yes				
If yes, explain degree of restriction				
I certify that this information is true to the best of my knowledge	Parent Signature			Date

MEDICATION RECORD

2020 Dundee High School Marching Band Camp

Dear Parent: The following information is requested so we can better meet the medical needs of your student. Fill out the information requested.

Student Name (Last)	First	Middle Initial	Sex	Date of Birth
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Allergies (Medication or Environmental)

NOTE: Please complete the fields titled: Name of Medication, Dose/Amount, Frequency, and Time of Day (for administration)

Dear Parent: The following information is requested so that we can better meet the medical needs of your student. Fill out the information requested for these over-the-counter medications which will be given as needed, as directed.

Yes	No	Name of Medication	08.10.20	08.11.20	08.12.20	08.13.20	08.014.20
		Tylenol					
		Motrin					
		Benadryl					

I certify that this information is true to the best of my knowledge	Parent Signature	Date
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MEDICAL EMERGENCY CARE AUTHORIZATION

2020 Dundee High School Marching Band Camp

NOTICE: By signing this form you are granting the operator(s) of marching band camp authority to secure emergency medical, surgical treatment for your student while attending the field trip if there is insufficient time to contact you.

You are giving the marching band camp operator(s) permission to secure routine, non-surgical care for your student while attending camp.

Name of student (Print Last Name, First Name)

I hereby give permission the marching band camp operators named below to secure emergency medical and surgical treatment and to provide routine, non-surgical medical care for the student named above while attending the field trip.

Parent Signature

Date

Parent Name (Print Last Name, First Name)

Marching Band Camp Operators:

Jaymi Yettaw, Dundee High School Band Director