Naples High School
Golden Eagle Band Program

2018-2019 MEDICAL RELEASE

This form must be completed annually by each participating Naples High School Golden Eagle band member. **This form is confidential and is only shared with staff and chaperones responsible for your student's well-being during all band events.** **It is the responsibility of the parent/guardian to notify the NHS Band Boosters, Inc. of any changes in the information provided and submit an updated signed and notarized form.**

Student Last Name:		Student First Name:	
Primary Physician Name:		Physician Phone:	
Parent/Guardian Name:		Phone:	
Parent/Guardian Name:		Phone:	
Emergency Contact Name:		Phone:	

General Medical Information

Immunizations current	Y	N	Immunization form on file with NHS	Y	N
Food Allergies: (indicate if none)					
Medicine Allergies: (indicate if none)					
Other Allergies: (indicate if none)					
Wears contact lenses	Y	N	Wears glasses	Y	N

Medical Diagnosis Information

Diagnosis:		Date of Diagnosis:	
Diagnosing Physician:		Physician Phone:	
Medication Name:		Dosage:	

Will this medication need to be administered during band events (day and/or overnight trips)?	Y	N
Does your student have authorization for self-carry of this medication? If yes, Collier County School District self-carry authorization form must be attached.	Y	N

Medication Name:		Dosage:	

Will this medication need to be administered during band events (day and/or overnight trips)?	Y	N
Does your student have authorization for self-carry of this medication? If yes, Collier County School District self-carry authorization form must be attached.	Y	N

Please list additional medications and dosages on separate sheet and attach to this form, if needed.

If medication is to be administered during band events, the medication must be provided to the head chaperone by the parent/guardian in its original, pharmacy labeled container indicating the student's full name and physician instructions for administration.

I,_____, grant permission for the prescription medication listed above to be dispensed to my child_____by an appropriately certified NHS staff member, or Collier County School District approved representative(s), per doctor orders.

Student Last Name:		Student First Name:	

Health Insurance Information:

Name of Insured	
Insurance Company:	
Member Number:	
Group #:	
Insurance Company Phone:	

Consent for medical treatment:

I authorize a hospital or physician to render emergency medical care to my son/daughter/ward _____ in the event of an emergency and I (or other emergency contact) is unable to be reached. I grant permission for emergency treatment in a hospital, including surgery requiring the use of an anesthetic. The signature below also authorizes NHS staff, Naples High School Band Boosters, Inc. band boosters, chaperones and representatives to administer first aid treatment as required during band functions. I certify that I will be responsible for any expenses incurred, not covered by the student's insurance company I have provided. I certify that the information on this form is correct and up to date and agree to update this form immediately, pending changes.
Parent/Guardian Printed Name:
Parent/Guardian Signature:

State of Florida
County of Collier

Signed and acknowledged before me on this_____day of_____, 2018.

By_____, who is personally known to me ( )
(Name of parent or guardian)

or who produced_____as identification ( ).

_____ (seal)
Notary signature