

# HEALTH CARE AUTHORIZATION STATEMENT

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Name of Student: \_\_\_\_\_

My child has permission to engage in all prescribed camp activities, except as noted by me or an examining physician.

In case of injury, parents or the emergency contact person will be called immediately for their decision on medical treatment.

If the parents or the emergency contact person is not available, I hereby give permission to the band camp staff and band directors to use their best judgment as what course of action to pursue while continuing to attempt contact. The band or the camp will not be responsible for any costs incurred as a result of illness or injury.

I will notify the band camp staff or the band directors if my child is exposed to any communicable disease during the three weeks prior to camp attendance.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Camp Name: Eaton Rapids Marching Band**

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## Student Health History Record

Student's Name (last, first, m.i.) \_\_\_\_\_  
Instrument \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address (Number & Street) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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### Authorized Persons

Name \_\_\_\_\_  
Address (Number & Street) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone # \_\_\_\_\_ Alternate phone (cell, pager, work) \_\_\_\_\_  
Emergency or Alternate Contact Person \_\_\_\_\_  
Telephone # \_\_\_\_\_ Alternate phone (cell, pager, work) \_\_\_\_\_

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### Emergency Medical Information

Doctor \_\_\_\_\_ Phone # \_\_\_\_\_  
Medical Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

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### Current Health Issues and History

List any special conditions such as allergies, sleep walking, fainting, bedwetting, etc. camper has:

List any health, behavior, or emotional problems camper has, including current infectious diseases:

Should camper's activity be restricted because of any physical reason?  
No                      Yes (explain)

Last Tetanus Shot

List any medication camper takes:

Name	Frequency	Dosage
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My student has taken these medications in the past and has had no reaction to them. I give my permission for these medications to be administered to my student as needed.

My student understands it is his/her responsibility to see the nurse for prescription medications when they are needed. (Preferably after breakfast, lunch, dinner, or before lights out) It is the nurse's responsibility to log and administer medication; it is not her job to track down my student.

I understand that I am not to have in my possession any medications while attending camp with Eaton Rapids Marching Band. I also understand that the "sharing/borrowing" of any medication is absolutely prohibited. If I feel I am in need of medication, I will have the necessary conversation with the person(s) in charge of the current activity (Band director, section leader, instructor) for direction. It is with the permission of a band director during field practice that I can be dismissed to go to the nurse if he/she is not at our location.

Students Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized Person's Signature \_\_\_\_\_ Date \_\_\_\_\_

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I give permission for the health officer to give my child medication as needed.  
I certify that this information is true to the best of my knowledge

Authorized Person's Signature \_\_\_\_\_ Date \_\_\_\_\_