STERLING HEIGHTS HIGH SCHOOL"Band Camp"
MEDICAL FORM

Name of Student_____

HEALTH HISTORY

Family Doctor:_____Phone:_____

Preferred Hospital:_____Insurance Company:_____

Insurance Number:_____Policy Holder's Name_____

Medical History:	YES	NO	
Heart Condition:	☐	☐	If So Please State:_____
Epilepsy	☐	☐	
Diabetes:	☐	☐	If So Please State:_____
Asthma:	☐	☐	If So Please State:_____
Other Condition:	☐	☐	If So Please State:_____
Wear Contacts or Glasses:	☐	☐	If So Please Indicate Which:_____
Allergies (including medication)	☐	☐	If So Please List:_____

PLEASE NOTIFY THE BAND DIRECTOR IF ANY OF THE ABOVE INFORMATION CHANGES.

PURPOSE OF THIS FORM: To enable parents or guardians to authorize the provision of emergency treatment for minors who become ill or injured while under school authority when parents or guardians cannot be reached.

In the event of an emergency requiring medical attention, I hereby grant my permission to the band camp health official, physician, trainer or band director to administer first aid to my son/ daughter: Yes☐ No:☐

In the event of an emergency requiring further medical attention, I hereby grant my permission to (family doctor)_____ at (preferred hospital) _____ or (if not possible) to attending physician at the hospital designated by the school staff to attend to my son daughter: Yes:☐ No:☐

I expect every effort will be made to contact me in order to receive my specific authorization before any major medical treatment or hospitalization is undertaken.

By checking this box and typing my name below, I am electronically signing this document

☐ Signature: _____Date:_____

I hereby authorize Sterling Heights High School medical personnel and personnel assigned to the camp, the right to administer emergency first aid and/or the over the counter medications, (not prescriptions), included in the following list. Please check each medication that the medical staff would be permitted to administer to your student per package instructions. This is required by Michigan state law.

- ☐ Tylenol
- ☐ Ibuprofen (Advil/Motrin)
- ☐ Pepto Bismol
- ☐ Benedryl
- ☐ Chloraseptic throat spray/lozenges
- ☐ Robitussin
- ☐ Syrup of ipecac (for poisoning)
- ☐ Calamine lotion
- ☐ Neosporin
- ☐ Hydrocortisone cream
- ☐ Cortaid
- ☐ Aloe Vera or Solarcaine spray
- ☐ Sunscreen:
- ☐ Other:_____

The above named student is currently taking the following medication(s). Please include prescription **and** over the counter medications:

Prescription Medications:

_____

Over the Counter Medications:

_____

ALL medications that are to be taken on-site during camp (including over the counter medications) must be given to the health officer at the time of check –in. Medications should be in original containers. For over the counter medications that are taken on a daily basis, a dose schedule, must be attached to this health form. All medications will be returned at the end of camp.

By checking this box and typing my name below, I am acknowledging that the above information is correct and I am electronically signing this document.

☐ **Signature of parent/guardian:**_____**Date:** _____

SHHS Band Camp **Food Allergy/Intolerance** Information Sheet

Please complete this form whether or not your student has ANY FOOD ALLERGIES and/or intolerances so that we can assure that we have the correct information for EVERY SHHS Band student.

Student Name_____

____☐ DOES NOT have food allergies, sensitivities or intolerances.

____☐ DOES HAVE food allergies, sensitivities or intolerances.

What food(s) is your student allergic, sensitive or intolerant to? PLEASE BE VERY SPECIFIC
(Nuts, Dairy, Soy, Shellfish, Gluten, Other, etc.)

_____

_____

What type of contact will cause a reaction? (Ingestion, Airborne, Contact, Other)

_____

_____

Please explain any associated reactions and severity of the reaction

_____

_____

Does your student know how to effectively manage their food allergy, sensitivity, or intolerance?

_____

_____

Please list any other information that you think would be helpful to manage your student's diet while at band camp

_____

_____

The information above will be shared with any camp staff preparing meals and SHHS Band Camp Chaperones for the planning lunch and snacks.