

Student Information Sheet

(This information is confidential and will be used only in case of emergency.)

Student's Full Legal Name: _____

Date of Birth: _____ Age: _____ Gender: _____ SSN _____

Medical Insurer/Health Plan: _____

PLEASE PROVIDE COPY OF CARD

Policy #: _____ ID #: _____

Name of Carrier: _____

Name of Person policy is under/issued: _____

Parent/Legal Guardian #1:

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Pager: _____

Email: _____

Additional Contact Information: _____

Parent/Legal Guardian #2:

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Pager: _____

Email: _____

Additional Contact Information: _____

Alternate contact in the event Parent(s) /Legal Guardian(s) cannot be reached:

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Pager: _____

Email: _____ Add'l Information: _____

Name of Band Member: _____

All Buena Health Office rules apply to medication administration on field trips or other band activities.

If your child must bring prescription medication(s) on this trip, please complete and sign this section. EACH MEDICATION MUST BE IN ITS ORIGINAL PRESCRIPTION BOTTLE. THE NUMBER OF PILLS/AMOUNT IN THE CONTAINER MUST BE CLEARLY MARKED ON THE CONTAINER & LISTED ON THIS SHEET.

Please list all prescriptions that your child is presently taking AND BRINGING:

Name of Medication	Amount in Container	Dosage	Times Taken	Reason for Taking

The above information and directions for administration of medications is complete and correct.

____ I/We authorize my/our child to carry and self administer an Inhaler or epi-pen as indicated.

____ I/We authorized the Band Director, or designee, to carry and administer the above listed medications.

Please identify over-the-counter medications that may be administered by a Band Director or Principal Designee:

___ Tylenol ___ Emetrol (vomiting) ___ Chloraseptic throat spray
___ Mylanta (heartburn) ___ Antibiotic ointment ___ Throat Lozenges

All other OVER THE COUNTER MEDICATION may be taken on trips only with a written prescription for a doctor, brought to the band director by parent/guardian in the original sealed container with permission signed by the parent.

Signature of Parent/Legal Guardian: _____ Date: _____

HEALTH HISTORY FORM

(This information is confidential and will be used only in case of emergency.)

Name of Band Member: _____

Social Security Number: _____ Date of Birth: _____

Is your child subject to:	Yes	No
Colds		
Sore Throat		
Fainting spells		
Bronchitis		
Convulsions		
Cramps		
Allergy to fish/sea food		

Does your child have or has ever had:	Yes	No
Heart Trouble		
Asthma		
Lung trouble		
Sinus trouble		
Hernia (rupture)		
Appendicitis		
Has the appendix been removed?		

Date of Child's last Tetanus Vaccination: _____

Please identify child's allergies, including allergies to food, medications, or drug reactions you know about:

Please list any disabilities or disorders that may affect your child's participation at this Band function, such as orthopedic (bone or muscle injuries) or medical condition(s):

Is the child currently under any type of medical treatment? ____NO ____YES explain:
