



# CMU MARCHING BAND CAMP

## MEDICATION INSTRUCTIONS/MEDICAL FORM

### MEDICATION INSTRUCTIONS

#### **Over-The-Counter (OTC) Medications:**

***All medications, including prescription and over-the-counter medications, must be listed on the student's medical history form.*** It is imperative to know every medication your student may have ingested prior to the emergency, including OTC. Authorized over the counter medications may be kept in the student's belongings if they are in an un-opened original container. Please note: the parent/guardian accepts full responsibility for their child's ability to safely self-administer the OTC medication at Band Camp and/or on Band Trips. Any over the counter medications not listed below must be approved by the designated medical chaperone prior to storage in the student's luggage.

#### **Approved over-the-counter medications: MUST BE UNOPENED IN ORIGINAL CONTAINER**

Tylenol	Sports rubs (Icy Hot, Ben Gay, etc.)
Ibuprofen (Motrin)	Period relief (Midol)
Naproxen Sodium (Aleve)	Acne cream (Clearasil, etc.)
Allergy medications (Claritin, Zyrtec, etc.)	Vitamins, Iron tablets, etc.

#### **Prescription Medications:**

Please include a picture of your child and their cell phone number in the Medication Organizer Box Organizer that is given the morning of Band Camp/Trip departure so the chaperone dispensing medications will know who your child is. For the health and safety of your student, all medications must be labeled according to the instructions below. It may help to use a large address label or masking tape on the front of the Medication Organizer Box, to make writing easier and more legible.

***When you, the parent/guardian, organized the medication into the medication organizer box, you are taking responsibility to insure your student is receiving the proper drug, in the correct dose, at the proper time.*** The chaperone dispensing medication may or may not have a medical background and cannot be responsible to check medications for errors. They will simply give your child the medication that you have checked, labeled, and deemed safe for administration.

**Step # 1:**

Bring all of child's medication in original container with original pharmaceutical label. **Over the counter medication MUST be unopened.**

Please come prepared with the following information:

1. Student's name
2. Medication schedule (Mon, Tues, etc.) (Morning, Night, after lunch)
3. Time of day for administration (ex: AM, NOON, PM, BEDTIME)
4. Medication name and dosage (ex: Amoxicillin 250mg)
5. Special instructions (i.e. - on an empty stomach, etc.)
6. **A small, clear picture of your child to assist in identifying your child.**

**Step #2:**

1. The day of your child leaving for band camp. Be prepared to work with the Medical Parent volunteer and transfer your child's medication to the Band Camp Medication Organizer.

**Step #3:**

1. Please reiterate verbally to our medical parent volunteers any special instructions that pertain to your child's medication or medical conditions.

**"As Needed" Medications (Inhalers, Epi-Pens, etc.):**

**At the parent's discretion, the student may carry the "as needed" medications with them.** If the parent's prefer the chaperone to give this medication to the student, include them in a separate zip lock bag(s) with instructions, name of student, **and a picture of the student.** **Please also include the following:**

1. PRN (in large letters)
2. Student's name
3. Band Camp or Band Trip dates (ex: July 29<sup>th</sup> – August 3<sup>rd</sup>, 2024)
4. Medication name (ex: Albuterol inhaler)
5. Dose (ex: two puffs, waiting one minute in between each puff)
6. Circumstances for use (ex: Susie has exercised induced Asthma as stated on the medical history form. She can use the inhaler up to four times per day.)

**MEDICAL/CODE SIGN-OFF**  
**\*\* Due at Marching Band Registration Night \*\***

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Parent/Guardian's Full Name: \_\_\_\_\_

Home Phone #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Parent's Cell # (optional): (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

**MEDICAL INSTRUCTIONS**

I, \_\_\_\_\_, the legal parent/guardian of \_\_\_\_\_, have read the list of approved over-the-counter (OTC) medications and confirm my child is able to safely self-administer the OTC medications packed in his/her luggage. I have checked the contents of the OTC medications to ensure the bottle/package contains only the medications stated on the bottle/package label. I ensure that any prescription medications turned in to the designated medical chaperone have been issued in my child's name and prescribed by a physician. I, the parent/guardian, have checked the medications for accuracy. I understand the medications will be passed to my child and only checked for accuracy using the labeling on the medication organizer that was done by myself, even if the parent chaperone is a licensed medical professional.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date



# ABHS INSTRUMENTAL MUSIC

## BAND CAMP MEDICAL FORM

### MEDICAL INFORMATION (PART 1)

**\*\*\* Due at Marching Band Registration Night \*\*\***

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

Student's Cell Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

**Phone numbers where parents/guardians can be reached:**

Call 1<sup>st</sup> Name: \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Call 2<sup>nd</sup> Name: \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

**List the name and phone number of an additional contact that can be called if the parents cannot be reached:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

**Insurance information. Include a copy of your insurance card front and back on next page.**

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance Co. Phone Number \_\_\_\_\_

Insurance Co. Address \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Office # \_\_\_\_\_

**Please complete the following information. It is important in case of a medical emergency or illness. This information will remain confidential and handled by the head chaperone.**

Medical Health Questions	Yes	No
Has your child ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have a history of seizures or sudden fainting?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have any general bone or joint pain that would require accommodation for physical activity? If so, please explain below.	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have an inhaler or asthma medication?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have intense headaches or common muscle cramps when exercising?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child received all recommended vaccines?	<input type="checkbox"/>	<input type="checkbox"/>

General and Chronic Health History: (Please add all allergies, and significant medical conditions)

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## **MEDICAL INFORMATION (PART 2)**

**\*\*\* Due at Marching Band Registration Night \*\*\***

Please **complete the following chart with information of all medications** (prescription and non-prescription) that the student will have during the trip. Attached an additional sheet if needed.

Medication	Dosage and Route to Administer	Frequency	Reason for Taking Medication	Potential Side Effects	Can Self Administer
<i>Example: Ibuprofen (Advil, Motrin, Etc.)</i>	<i>200 mg orally</i>	<i>1 or 2 pills, every 6 hours as needed</i>	<i>headache, pain, fever</i>	<i>None</i>	<i>Yes</i>

### **MEDICAL/INSURANCE CARD**

FRONT

BACK

PLEASE ATTACH A COPY OF BOTH SIDES OF YOUR **MEDICAL CARD** HERE

### **CONSENT TO TREAT AND WAIVER OF LIABILITY RELEASE**

I hereby give my permission for Anchor Bay Band Booster Chaperones, CMU sports medicine staff athletic trainers, Central Michigan University Health Services, and McLaren-Central Michigan Hospital to provide any needed medical treatment for my son/daughter while he/she is attending the camp. I specifically, give my permission for necessary and emergency care to be given to \_\_\_\_\_ (name of camper) by McLaren-Central Michigan Hospital and other medical treatment providers. I attest that my son/daughter has had a physical within the last twelve months and that the physical disclosed no medical conditions, other than those listed above, that would make participation in this camp a risk.

I hereby acknowledge that participation in this camp and related activities is at the sole discretion and judgment of the parent or guardian and involves an inherent risk of personal injury. I, on behalf of my son/daughter, hereby assume all such risk. I hereby release and agree to hold harmless the Anchor Bay Band Boosters, Anchor Bay Schools, Central Michigan University, and the students and employees of these entities from all claims, actions, damages and liabilities for personal injury or damage relating to or arising out of any camp activity except where the injury or damage is caused by the gross negligence of the university's or school district's employees.

\_\_\_\_\_

Signature (Parent or Guardian)

Date