

BHS MUSIC DEPARTMENT
DISNEY STUDENT MEDICAL INFORMATION FORM
Due on or before January 8th, 2019

Student Name: _____ Date: _____
 Gender: _____ Age: _____ Date of Birth: _____ Grade: _____

Parent/Guardian #1 Name: _____
 Cell Phone Number: _____ - _____ - _____ Home: _____ - _____ - _____ Work: _____ - _____ - _____

Parent/Guardian #2 Name: _____
 Cell Phone Number: _____ - _____ - _____ Home: _____ - _____ - _____ Work: _____ - _____ - _____

Student's Cell Phone Number _____ - _____ - _____

1. Is the student currently under medical treatment? **Circle:** Yes No
2. If yes, will the student require medications during the trip? **Circle:** Yes No
Please be sure to fill out the Disney Medication Administration Consent Record.
3. List any special health needs or health concerns of which the nurse or emergency medical personnel should be made aware (i.e. allergies, diabetes, heart conditions, food allergies, etc).

4. Please list EACH allergy and **Please explain the severity of the allergy.** (For example: "My child is allergic to peanut butter and can't even be in the same room as a person with peanut butter." Or "My child is allergic to nuts, but is contact-only allergic").

Allergy:	Severity:

5. Does your child carry an epi-pen? **Circle:** Yes No
Please be sure to note on the Disney Medication Administration Consent Record.

HEALTH INSURANCE INFORMATION

6. Name of Health Insurance: _____
 Name of Guarantor (the person accountable for the bill): _____
7. Health Insurance Phone Number: _____ - _____ - _____
8. Employer Name: _____
9. Agreement or Policy Number: _____
10. Group #: _____

FIRST AID/EMERGENCY MEDICAL AUTHORIZATION

If the directors or nurse cannot contact either parent or guardian, please list two relatives or friends who would have the authority to advise us regarding your child:

Emergency Contact #1

Name: _____ Phone Number: ____ - ____ - _____

Relationship to child/family: _____

Emergency Contact #2

Name: _____ Phone Number: ____ - ____ - _____

Relationship to child/family: _____

Medical Agreement

In the event of an emergency that requires immediate medical attention for the student, the student and the below named parent or guardian give their consent for school authorities or the nurse to use their best judgment in obtaining emergency treatment for the student before the parent or guardian can be reached.

Baldwin-Whitehall School District Field Trips

We agree that the Baldwin-Whitehall School District and its officers, directors, employees, and representatives including the nurse shall not be liable for, and we release, exonerate and hold them harmless from all claims, actions, and liabilities of every kind because of personal injuries sustained by our child, and property damage, expenses or other loss sustained by us, in connection with our child's participation in this school-sponsored activity. We make this agreement intending to be legally bound. and the designated nurse from any and all suits, liabilities, claims, demands, actions, expenses, or costs arising out of the administration of, or failure to administer, first aid or emergency treatment to the student while the student is on this trip.

The student and the student's parent or guardian agree that, if any time the information on this form or the Medication Administration Consent Record changes, they will notify the student's director and the nurse in writing.

While we will be diligent regarding the privacy of your child's personal health information, please understand that the information on this form as well as the Medication Administration Consent Record may be provided on a need-to-know basis to any of the school-employed directors, the nurse, the staff, and the chaperones on this trip if deemed reasonably necessary to ensure the safety of the child.

Please acknowledge understanding and agreement by signing below.

(Signature of Student)

(Date)

(Signature of parent or guardian)

(Date)