

DHS Music Department Overnight Medical History and Insurance Form

****THIS FORM MUST BE COMPLETED BY PARENT FOR ANY STUDENT ATTENDING TRIP ****

Student Name: _____ Date of Birth: _____

Home Address: _____ Phone # _____

Parent/Guardian Name: _____ Phone 1# _____ Phone 2# _____

Parent/Guardian Name: _____ Phone 1# _____ Phone 2# _____

EMERGENCY ALTERNATE CONTACTS (List in order desired)

Alternate #1: _____ Relationship: _____ Phone # _____

Alternate #2: _____ Relationship: _____ Phone # _____

MEDICAL INFORMATION (to be completed by parent or guardian)

Provider Name: _____ Phone#: _____

Allergies (please list and describe reaction below):

Food Allergy?: (list and describe reaction) _____ Epi Pen required? _____

Drug Allergy?: (list and describe reaction) _____

Bee Sting Allergy?: (list and describe reaction) _____ Epi Pen required? _____

Seasonal Allergy?: (list and describe reaction) _____

Other Allergy?: (explain) _____

Asthma*?: Medication Needed?: _____

*attach Asthma Action Plan if available

Other Medical Conditions (please circle and describe below):

Diabetes?: TYPE I? TYPE II? Notes: _____

Seizures? Cardiac Concerns? Gastrointestinal? Other? _____

Explain: _____

DOES YOUR CHILD HAVE ANY ACTIVITY RESTRICTIONS:

Explain: _____

DOES YOUR CHILD HAVE ANY DIETARY RESTRICTIONS:

Explain: _____

Health Insurance Co: _____ Policy#: _____

DOVER HIGH SCHOOL AND ITS CHAPERONES WILL ATTEMPT TO CONTACT THE PARENTS OR GUARDIANS OF ANY SICK OF INJURED CHILD, PRIOR TO SEEKING EMERGENCY TREATMENT. IN THE CASE THAT A PARENT OR GUARDIAN CANNOT BE REACHED, SUCH TREATMENT WILL BE ISSUED BY TRAINED PERSONNEL, AT EITHER A FIRST AID STATION OR A TREATMENT FACILITY. BY SIGNING BELOW, I HEREBY RELEASE DOVER HIGH SCHOOL AND ITS ASSIGNED CHAPERONES OF ANY RESPONSIBILITY IN THE EVENT OF ACCIDENT OR INJURY. PERMISSION IS GRANTED FOR TREATMENT OF THE ABOVE-NAMED PARTICIPANT BY A PHYSICIAN OR HOSPITAL IN THE EVENT OF A MEDICAL OR SURGICAL EMERGENCY.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

~INFORMATION WILL BE HELD HIGHLY CONFIDENTIAL AND SHARED ONLY WITH APPROPRIATE STAFF/VOLUNTEERS TO MAINTAIN SAFETY~