NORTH OCONEE HIGH SCHOOL TITAN REGIMENT
Medical Form: 2019-2020

Student's Name_____ Grade_____

Date of Birth_____ Age (As of July 22nd)_____

Home Address_____
Street or P.O. Box City ZIP

Father's Name_____ Cell Phone_____

Mother's Name_____ Cell Phone_____

In the event a parent/guardian cannot be reached, who should be contacted in case of an emergency?
Name/Relation:_____ Name/Relation:_____
Phone:_____ Phone:_____
Insurance Carrier:_____ Policy Number:_____

Insurance Phone:_____ Group Number:_____

Physician Name:_____ Phone:_____

List ALL Medications:_____ Check if NONE_____
List ALL Allergies:_____ Check if NONE_____

Please check any conditions below that apply:

Asthma	_____Hypertension	_____Menstrual disorder	_____Rheumatic Fever
Bronchitis	_____Heart disease	_____Stomach problems	_____Arthritis
Pneumonia	_____Headaches	_____Gall bladder disorder	_____Nervousness
Shortness of breath	_____Allergies/Hay Fever	_____Kidney problems	_____Depression
Chest Pain	_____Dizziness/Fainting	_____Anemia	_____Diabetes
Heart murmur	_____Epilepsy	_____Rubella	_____Chronic rash
Heart palpitations	_____Bleeding disorder	_____Mumps	

Is there any additional information we need to know? (Explain on back of sheet) Yes____ No_____

I give permission for the band's first aid personnel to administer the following over-the-counter medications as needed: (Please circle YES or NO for each medication listed.)

Ibuprofen	YES	NO	*Antihistamines:*			Pepto Bismol	YES	NO
Acetaminophen	YES	NO	Oral	YES	NO	Tums	YES	NO
Cough Syrup	YES	NO	Topical	YES	NO	Bug Repellant (containing DEET)	YES	NO
						Dramamine (on bus trips)	YES	NO

I understand that in the event that a parent or guardian cannot be reached or immediate attention is required, the North Oconee band or any of its designated volunteers has my permission to seek appropriate medical attention. I understand that I am legally responsible for any financial obligations incurred in the emergency treatment of my child. It is the parent's/guardian's responsibility to update this record if necessary.

Parent/Guardian Signature:_____ Date:_____
Parents must sign regardless of student's age!

PERMISSIONS:

1. I give permission to include any pictures containing my child to be published on the Band website or other publications YES NO Initials: _____
2. I give permission for my student to travel with the NOHS band YES NO Initials: _____

(Additional permission forms may apply)