2011-2012 LCHS MEDICAL/TRAVEL INFORMATION

This form covers all travel with the LCHS Music Ensembles for this school year (2011-2012) Parent(s)/Guardian(s) are responsible for notification of any changes in the student information during the school year.

NAME_____

ADDRESS_____

Birth Date _____/_____/_____ Social Security No._____-_____-_____

Parent email address (if available):_____

Medical Information (Parent/legal Guardian to contact in an emergency must be listed as first choice)

1._____ Home Phone:( ) - _____- _____
(name and relationship to student) Work Phone ( ) - _____- _____
Cell Phone ( ) - _____- _____

2._____ Home Phone:( ) - _____- _____
(name and relationship to student) Work Phone ( ) - _____- _____
Cell Phone ( ) - _____- _____

3. Medical Insurance Carrier_____

Address:_____Policy No._____

4. With my signature below, I allow the school nurse to release and/or verify the school physical on file at LCHS.

IMPORTANT IMPORTANT IMPORTANT IMPORTANT IMPORTANT

In case of surgical emergency, when the legal guardian cannot be contacted, I hereby give my permission to the physician selected by the coach/trainer/director to hospitalize, secure proper treatment for, and to order injections, anesthesia and/or surgery for my student as named above.

Signature_____Date_____

1. Are all immunizations up to date? Yes_____ No_____ (Must be updated)

2. Is the student coming with any **prescribed medications**? Yes_____ No_____ If yes, please indicate the medication(s) and give brief instructions for administration. All medications must be clearly labeled with student's name and instructions. **Students needing to keep medications with then at all times (i.e. asthma inhalers, bee sting kits) must have written permission from prescribing physician. All other medications (prescribed or over the counter) must be turned in to designated individual**

3. Does your student have any **allergies and/or potential medical problems**.

4. Students may bring **over the counter medication(s)** for personal use only. These medications must be clearly marked with the student's name and directions for use. Written approval from a parent/guardian must accompany all medication. Medication must be stored with the designated camp counselor/chaperone until needed by the student.

5. **Travel Policies and Permission Form:** Any travel is an extension of Lakes Community High School and is subject to the policies that the school sets forth. Students breaking these policies and/or rules set forth in the Student Handbook and Extra Curricular Code of Conduct will be subject to disciplinary action by the school. Traveling with a student group is meant to be enjoyable, but a great deal of work and responsibility must be part of this learning experience. Students are expected to maintain a high degree of SELF DISCIPLINE.

Student Signature_____ Date_____

Parent Signature _____ Date_____