

## **BROWNSBURG BANDS MEDICAL FORM**

Marching Band members should have already provided this information.  
All non-marchers must complete this form.

Name of student \_\_\_\_\_

Student Cell phone # \_\_\_\_\_

Address \_\_\_\_\_

Zip \_\_\_\_\_

Age \_\_\_\_\_

Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_

Parent(s) full names \_\_\_\_\_

Main contact Number \_\_\_\_\_ (name) \_\_\_\_\_

Secondary contact Number \_\_\_\_\_ (name) \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Health Insurance Member ID \_\_\_\_\_

Health Insurance Group Number \_\_\_\_\_

Date of last tetanus booster \_\_\_\_\_

List any special health conditions that your child may have:  
(diabetes, epilepsy, allergies to food or medicines, bleeding tendency, etc.)

\_\_\_\_\_  
\_\_\_\_\_

List any medications your child must take during the time of the field trip:

\_\_\_\_\_

If this medication is presently being administered by school personnel, do you wish this procedure continued by adults present on the trip? ( yes / no )

I hereby authorize the personnel in charge of this field trip to release the above information to medical authorities and to obtain medical care and/or hospitalization should illness or accident occur while my child is engaged in this field trip. I accept the responsibility for payment of any medical expenses.

\_\_\_\_\_  
Signature - Parent/Guardian

\_\_\_\_\_  
Date signed

**BROWNSBURG COMMUNITY SCHOOL CORPORATION  
OVERNIGHT FIELD TRIP MEDICAL CONSENT FORM**

STUDENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

MEDICAL ISSUES WE SHOULD BE AWARE OF: \_\_\_\_\_

INSURANCE INFORMATION: \_\_\_\_\_

HOSPITAL PREFERENCE: \_\_\_\_\_

Parent/Emergency contacts:

Name	Relationship	Phone number	Alternate Phone Number

Medication to be given on the trip:

Medication	Dose	Route (example: oral)	Time of day taken

\*Only supply the trip supervisor with the number of pills needed for this trip in the student's prescription bottle.

Special Instructions (including any special storage requirements and note any side effect(s) of which the school should be aware)

\*All medications must be sent in original containers with student's name and dosage information clearly labeled.

\*If the medication is an emergency medication that student self-carries and/or self-administers, a completed Hold Harmless Form with written physician authorization must be on file with the school nurse.

Stock Medications: