

**Ferndale High School  
Golden Eagle Marching Band Camp  
Student Form, Medical Information, and Permissions  
Summer 2010**

Student's Name \_\_\_\_\_ Birth Date \_\_\_ / \_\_\_ / \_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Gender \_\_\_\_\_ Age on August 16, 2010 \_\_\_\_\_ Grade in Sept. 2010 \_\_\_\_\_  
Parent / Guardian Name \_\_\_\_\_  
Address (if different) \_\_\_\_\_  
Home Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I give my permission for \_\_\_\_\_ to attend and participate in Ferndale High School Marching Band Camp. Transportation to and from camp by school district bus. Camp is to be held August 16 - 23, 2010 at Interlochen Center for the Arts in Interlochen, MI. My child may participate in all program activities unless so designated. I am aware of the details of the trip/camp and will contact the appropriate sponsor if I have any questions. I am also aware that the Ferndale High School "Code of Conduct" will be enforced during this trip.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date \_\_\_\_\_  
**Signature of Parent/Legal Guardian**

**Please read, complete, and sign all of the following sections  
for your child's participation in camp.**

**Emergency Contact (Other than Parent/Guardian)**

Name \_\_\_\_\_  
Telephone \_\_\_\_\_  
Relationship \_\_\_\_\_

**Insurance Information**

Insurance Provider \_\_\_\_\_  
Policy Holder's Name \_\_\_\_\_  
Policy Group Number \_\_\_\_\_  
Family Physician Name \_\_\_\_\_  
Telephone Number \_\_\_\_\_

## Medical Treatment Waiver – Signature Required

I hereby consent to any and all diagnostic procedures, examinations, care, and treatment as deemed necessary by the designated and certified Camp Health Officer traveling with the band or physician. In an emergency, assuming that neither I nor my spouse/partner can be reached by telephone, I hereby give my permission to the licensed physician selected by the staff person in charge to hospitalize, secure proper treatment, anesthetize, or to perform emergency surgery on my child named on this form. I am responsible for all charges incurred which are not covered by insurance.

Printed Name \_\_\_\_\_

**Parent Signature Required** \_\_\_\_\_

Date \_\_\_\_\_

### Medication List

- Students may **not** carry ANY medication except inhalers and epi-pens while at band camp.
- All medications (prescription and non-prescription, including inhalers and epi-pens) must be labeled with the student's name and be in the original container.
- Prescription medication must be in the original container with the doctor's prescription on it.
- All medications - prescription and non-prescription - (except inhalers and epi-pens) must be given to the Camp Health Officer at Ferndale High School prior to leaving for band camp.
- Inhalers and Epi-pens: Camp Health Officer must have a copy of the original container or a copy of the prescription for inhalers or epi-pens, and be made aware of which students are carrying these items.
- Prescriptions must not expire during the trip.
- All medications given will be noted on the Camp Medication Log

**Inhalers and Epi-pens can remain with the student, Camp Health Officer must have original container with prescription.** - please include that information below.

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_  
Currently Taking                    Y    N

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_  
Currently Taking                    Y    N

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_  
Currently Taking                    Y    N

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_  
Currently Taking                    Y    N

## Over-the-Counter Pain Reliever Waiver - Signature Required

May we give your child Tylenol / acetaminophen?		YES	NO
May we give your child Motrin / Advil / Ibuprofen?		YES	NO
May we give your child Aleve / naproxen?		YES	NO
May we give your child Pamprin or Midol?	NA	YES	NO
May we give your child Benadryl?		YES	NO

- Students may **not** carry ANY medication except inhalers and epi-pens while at band camp.
- Over the counter medications, including pain medication must be given to the Camp Health Officer in the original container, labeled with student's name.
- All medications given will be noted on the Camp Medication Log

Parent Signature Required \_\_\_\_\_

### Allergies

Is your child allergic to any medications that you know of?      YES      NO  
If **YES**, please give the medication name \_\_\_\_\_

Other allergies that we need to be aware of (animal, food, environmental, etc.):

### Health History

Does your child have any kind of health issues? (asthma, diabetes, seizures, menstrual problems, frequent colds, etc.)

Are all immunizations up to date?      YES      NO

Date of last Tetanus? \_\_\_\_\_

## Special Needs

Is there anything in your religious beliefs that should be given consideration in the treatment of your child's health or in case of an emergency? If "Yes", please explain:

Are there any special emotional or behavioral conditions or concerns we should know about your child? Examples include sleeping habits, mood swings, etc. Please indicate how they are handled.

## Swimming Permission - Signature Required

We will have an opportunity to swim in Lake Michigan. The beach we now use is near Glen Haven, Michigan (about 2 miles from Sleeping Bear Dunes park) and is part of a bay, which is generally much calmer waters than other lakefront beaches. While we will have a lifeguard and adult observers, your child still needs your permission to swim in Lake Michigan.

\_\_\_\_\_ MY CHILD \_\_\_\_\_ HAS MY PERMISSION  
*print name*  
TO SWIM IN LAKE MICHIGAN WITH A LIFEGUARD PRESENT.

\_\_\_\_\_ I DO NOT GIVE PERMISSION FOR \_\_\_\_\_ TO  
*print name*  
SWIM IN LAKE MICHIGAN.

**Parent Signature Required** \_\_\_\_\_

## Camper Release Permission – Signature Required

My child can be released to the following adults (ID to be checked by Marching Band Director or Assistant Band Director).

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

**Parent Signature Required** \_\_\_\_\_