



NNHS MARCHING HUSKIES Student Health/First Aid Permission Form

This form will accompany the Marching Huskies to rehearsals and to all events to which the band travels. Please fill out completely using blue or black ink and PRINT, except where a signature is requested. Please return to: Vicki Paavilainen, FOM treasurer
986 Huntleigh Dr
Naperville, IL 60540

STUDENT NAME: _____ STUDENT ID#: _____

GRADUATION YEAR: _____ Circle: Musician Color Guard Actor Drum Major

STUDENT CELL#: _____

PARENT(S) OR GUARDIAN(S): _____

HOME ADDRESS: _____

HOME PHONE#: _____

MOTHER'S CELL#: _____ MOTHER'S WORK#: _____

MOTHER'S EMAIL: _____

FATHER'S CELL#: _____ FATHER'S WORK#: _____

FATHER'S EMAIL: _____

IN CASE OF EMERGENCY CALL:

NAME: _____ PHONE #: _____ CELL#: _____

NAME: _____ PHONE#: _____ CELL#: _____

FAMILY PHYSICIAN: _____ PHONE #: _____

INSURANCE INFORMATION

POLICY NAME: _____ SUBSCRIBER NAME: _____

POLICY NUMBER: _____ GROUP NUMBER: _____

CUSTOMER SERVICE PHONE#: _____

PRE-CERTIFICATION PHONE#: _____

PLEASE FILL OUT BOTH SIDES OF THIS FORM

Student Health/First Aid Permission Form (continued)

STUDENT NAME: _____

Please circle the applicable response for each question and provide any additional information:

DOES YOUR STUDENT WEAR CONTACT LENSES? YES NO

IS YOUR STUDENT TAKING MEDICATION? YES NO

If YES, please list ALL medications and dosages, as well as whether your student needs supervision.

DOES YOUR STUDENT HAVE ALLERGIES? YES NO

If YES, please list all allergies, including food, medication, seasonal, etc.

DOES YOUR STUDENT CARRY AN EPI PEN FOR AN ALLERGY? YES NO

DOES YOUR STUDENT CARRY AN INHALER? YES NO

If YES to either question above, your student will need to bring their EPI Pen or INHALER LABELED with their name to ALL rehearsals, competitions, football games, and other activities sponsored by Marching Band. It should be accessible to the student or it can be given to the chaperone in charge of the med kit or to a director. If given to the chaperones, your child will need to pick it up at the end of the day and bring it to the next event. It is recommended that both student and chaperone have the appropriate devices.

Parent/Guardian Initials: _____

DOES YOUR STUDENT HAVE ANY OTHER HEALTH CONDITIONS OR CONCERNS? YES NO

If YES, please explain in detail.

The healthcare team keeps a supply of mild analgesics on hand as noted below. **Indicate which of the medications listed may be given to your child by a chaperone/volunteer:**

TYLENOL:	YES	NO
IBUPROFEN:	YES	NO
TOPICAL BEE STING AGENT:	YES	NO

Marching Band will provide bandages and basic first-aid items. However, medications for stomachaches, diarrhea, motion sickness, and cold/flu will **NOT** be provided. If necessary, you can give these to a healthcare volunteer to administer to your student. **We need your written permission to administer any medications to your student.** Please provide the medications in a bag labeled with your child's name and dosage amount. These also need to be picked up at the end of each day. Plan ahead for these emergencies!

DATE OF STUDENT'S LAST TETANUS BOOSTER? _____

I give permission for my child to participate in all marching band activities. I understand that my signature below gives Naperville North High School permission to have my child treated by a physician in case of emergency.

PARENT/GUARDIAN NAME (please print): _____

PARENT/GUARDIAN SIGNATURE: _____