

# Confidential Medical Information Release Form for Co-Curricular Activities.

This form MUST be completed and signed by the student's parent/guardian to be valid. This form gives consent for any approved PHSMB staff/chaperone to secure emergency services (medical, dental, paramedic, ambulance) for the student at the parent/guardian's expense.

Efforts will be made to contact the parent/guardian prior to treatment or hospitalization.

## CONTACT INFORMATION – PLEASE PRINT CLEARLY

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Check Program (s):  Orchestra  Marching Band  Color Guard  Non-Marching Band

Parent/Guardian Name: \_\_\_\_\_ Parent's Cell: \_\_\_\_\_

Parent Email: (address that will be checked regularly) \_\_\_\_\_

Parent Email: (optional 2<sup>nd</sup> email) \_\_\_\_\_

## EMERGENCY NON-PARENT/GUARDIAN CONTACT– PLEASE LIST TWO.

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone #: \_\_\_\_\_

Information helpful to a physician in case of emergency and information school staff/chaperone need to be aware of for the student's safety. The parent/guardian is responsible for ensuring this information is updated.

\_\_\_\_\_ **No Medical Problems that would affect participation in Poway High School Instrumental Music activities.**  
(initials)

Medical Problems (seizures, diabetes, asthma, etc.) \_\_\_\_\_

Usual Symptoms: \_\_\_\_\_

Care or Medication Needed: \_\_\_\_\_

Allergies (food, bee stings, medication): \_\_\_\_\_

Usual Symptoms: \_\_\_\_\_

Care or Medication Needed: \_\_\_\_\_

Currently under Medical Care? Explain: \_\_\_\_\_

Other factors that may affect the care of your student? Be specific: \_\_\_\_\_

I give permission for staff/chaperone to give my student Tylenol, Aspirin, or Advil if needed. Please Initial: YES \_\_\_\_\_ NO \_\_\_\_\_

**\* If prescription medication(s) are required, please fill out Authorization for Medication Administration Form with Physician Signature.**

I UNDERSTAND THAT BY SIGNING THIS FORM: I give permission to staff/chaperones to provide first aid care and secure emergency care at my expense if needed. I release the Poway Unified School District, its officers, employees, agents or Poway High School Music Boosters and chaperones from any and all liability, loss, expense, or claim for illness, injury or damages that may arise from participation in the Poway High School Music Program or any associated activities. Further, I understand that the District does not provide accident/medical insurance for students and that I am expected to provide such insurance coverage.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Updated 7/2024