

- CONFIDENTIAL -**MEDICAL INFORMATION RELEASE FORM FOR CO-CURRICULAR ACTIVITY****POWAY HIGH SCHOOL**

Both sides of this form **MUST** be completed and signed by the student's parent/guardian. This form gives parental consent for any staff/chaperone approved by the school principal to secure emergency services (medical, dental, paramedic, ambulance) for the student at parent/guardian expense. Efforts will be made to contact the parent/guardian prior to treatment or hospitalization.

PLEASE FILL OUT BOTH SIDES COMPLETELY, SIGN AND RETURN

STUDENT NAME	GRADE	<i>CHOIR</i>	BIRTH DATE	MALE/FEMALE
PARENT/GUARDIAN NAME		PARENT/GUARDIAN CELL PHONE NUMBER		
MAILING ADDRESS	CITY	ZIP		
HOME PHONE NUMBER	WORK OR DAYTIME PHONE NUMBER			
EMERGENCY CONTACTS (INCLUDE RELATIONSHIP TO STUDENT)				
FIRST PERSON TO CONTACT	RELATIONSHIP TO STUDENT		PHONE NUMBER	
SECOND PERSON TO CONTACT	RELATIONSHIP TO STUDENT		PHONE NUMBER	

HEALTH INFORMATION

Information helpful to a physician in case of emergency and information school staff/chaperones need to be aware of for the student's safety. Updated information shall be provided by the parent/guardian.

Medical problems (I.E. Diabetes, Asthma, Seizures): _____

Usual symptoms: _____

Care OR medication needed: _____

Allergies (I.E. food, bee stings, medication): _____

Usual symptoms: _____

Care OR medication needed): _____

Is the student currently under medical care? Yes ___ No ___ (Explain) _____

Is there any other factor that may affect the care of your student? (If yes, be specific) _____

Medication **If prescription or non-prescription medication is necessary a parent and physician authorization must be completed. See "AUTHORIZATION FOR MEDICATION ADMINISTRATION" ON REVERSE SIDE.**

I UNDERSTAND THAT BY SIGNING THIS FORM:

- I give permission for my son/daughter to participate in *CHOIR ACTIVITIES*.
- I give permission for 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 *CHOIR* 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 activity. 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

INSURANCE COMPANY

POLICY/GROUP NUMBER

(OVER)

AUTHORIZATION FOR MEDICATION ADMINISTRATION

(SPECIALLY ADAPTED PUSD H-26 FOR PURPOSES OF CO-CURRICULAR ACTIVITIES ONLY)

I, the undersigned, as legal parent/guardian of (students name) _____ (birth date) _____ attending Poway High School request that the following medication(s) be made available to my student at the time prescribed:

NAME OF MEDICATION	METHOD OF ADMINISTRATION	DOSAGE	TIME
1.			
2.			
3.			

I understand that staff and/or chaperones may assist my student in taking the medicine(s) as directed by my physician. I will provide the medicine(s) in the prescription/over the counter container(s) labeled with the name of my student, the prescribing physician's name, and the time and dosage of medication prescribed in a zip lock bag.

Prescription and non-prescription medications are permitted only with a written statement from the physician and parent/guardian indicating desire that the District assist the student as set forth by the physician.

ADDITIONAL RECOMMENDATIONS: _____

PRINTED NAME OF CALIFORNIA LICENSED PHYSICIAN _____

SIGNATURE OF CALIFORNIA LICENSED PHYSICIAN _____

DATE _____

CALIFORNIA MEDICAL LICENSE NUMBER _____

PHYSICIAN ADDRESS _____

PHONE _____

I agree to hold harmless and indemnify the Poway Unified School District, its officers, employees, agents or Poway High School Boosters and chaperones from and against any and all liability, loss, expense or claims for illness, injury or damage any student may incur from medication assistance.

PRINTED NAME OF PARENT/GUARDIAN _____

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

ADDRESS _____

PHONE _____

POWAY HIGH SCHOOL CHOIR TRIP PERMISSION 2009-2010

SCHOOL RULES ARE IN EFFECT FOR ALL SCHOOL SPONSORED ACTIVITIES

TRIP INFORMATION SUBJECT TO DATE CHANGES AND ADDITIONS.