

# Auburn High School Band Medical Form

Student's Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home phone # \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work phone \_\_\_\_\_

**Emergency contacts, day AND evening phone numbers:**

1. \_\_\_\_\_ Day # \_\_\_\_\_ Evening # \_\_\_\_\_

2. \_\_\_\_\_ Day # \_\_\_\_\_ Evening # \_\_\_\_\_

**Health History (Please circle all that apply)**

HEART DEFECT/DISEASE

ALLERGIES

INSECT BITES/STINGS

CONVULSIONS/SEIZURES

HAY FEVER

PENICILLIN

DIABETES

BLOOD CLOTTING DISORDER

OTHER \_\_\_\_\_

GLUTEN ALLERGY

Chronic or recurring illness (please explain) \_\_\_\_\_

Medicine that the student needs to take\* \_\_\_\_\_

**\*All medicine (prescription and over-the-counter) must be given to Director by the school nurse.**

Does student need assistance in administering this medication?    YES    NO

Name of Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Do you carry family medical/hospital insurance?    YES    NO

If so indicate: CARRIER \_\_\_\_\_ POLICY OR GROUP NO. \_\_\_\_\_

**PARENT/GAURDIAN AUTHORIZATION:** This health history is correct so far as I know, and the person herein described has permission to engage in all Auburn High School Band trips. I hereby give my permission to the physician selected by the band director and/or their representative to order x-rays, routine tests, and treatment for the health of my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the band director and/or their representative to hospitalize, secure proper treatment for, to order injection and/or anesthesia and/or surgery to the band member named above.

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

Date \_\_\_\_\_

**AUBURN CITY SCHOOLS  
COMPETITIVE EXTRACURRICULAR SUBSTANCE ABUSE PROGRAM  
CONSENT/RELEASE FORM**

I have read and understand the Auburn City Board of Education Competitive Extracurricular Substance Abuse Program policy, procedures, and penalties and agree to abide by these rules regarding the possession and/or use of prohibited substances. I agree to submit to prohibited substance screenings as outlined in the Auburn City Board of Education Competitive Extracurricular Substance Abuse Program Policy and Procedures as a condition for my initial or continued participation in competitive extracurricular activities. I specifically consent to allow urine, breath, saliva, and/or hair samples to be taken in accordance with the Board's Drug Testing Agency for testing to determine the existence of prohibited substances. I authorize any laboratory or medical provider to release test results to the Board, the Medical Review Officer, the Drug Program Coordinator, and to local school officials who have a need to know.

I also expressly authorize the Board and/or the MRO to release any test-related information, including positive results (a) as directed by my specific, written consent authorizing release of the information to an identified person, (b) to the finder of fact in any lawsuit, grievance, or other proceeding initiated by or on behalf of myself, and/or (c) under compulsion of law.

I understand that the refusal to submit to testing for the use of prohibited substances will prohibit me from my initial and continued participation in the competitive extracurricular programs offered by the Auburn City Board of Education.

I understand that it is a privilege, not a right, to participate in the competitive extracurricular programs offered by the Auburn City Board of Education, and that I must comply with the Competitive Extracurricular Substance Abuse Policy in order to be given the privilege to participate in these events.

If I choose to discontinue participation in competitive extracurricular programs in the Auburn City School System, then my parent/guardian must contact the Drug Testing Coordinator and make a formal request (in writing) to have my name removed from the testing pool. If I am removed from a competitive extracurricular program by a coach or sponsor for any reason, my name will continue to be in the testing pool. This will allow me to be eligible if I participate in the next seasonal sport.

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_